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# LANPHEAR'S Kansas City Medical Index.

EDITED AND PUBLISHED BY

**EMORY LANPHEAR, M.D.,**

Professor in the University Medical College of Kansas City, and in the Kansas City College of Pharmacy and Surgeon to East Side Free Dispensary.

**JULY 1889.**

Contents on Page 17 of Advertisements.

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# KANSAS CITY MEDICAL INDEX.

EDITED AND PUBLISHED BY

EMORY LANPHEAR, M. D.

PROFESSOR IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF KANSAS CITY,  
AND IN THE KANSAS CITY COLLEGE OF PHARMACY, AND SURGEON  
TO THE EAST SIDE FREE DISPENSARY.

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## ORIGINAL ARTICLES.

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### THE RADICAL CURE OF HERNIA.\*

BY EMORY LANPHEAR, M. D., KANSAS CITY, MO.

[ Surgeon to the East Side Dispensary.]

Petrarch, writing to Boccaccio, said of the surgeons of his day: "The ancients triumphed in killing their enemies; these that the doctors kill are their own friends—our citizens. In antique times warriors wore armor; physicians are clad in togas. There is another similarity between warriors and physicians: Those warriors who had slaughtered the most men were always regarded as the most illustrious, while those doctors who attempt the most dangerous and doubtful experiments become the chiefs of all others, and are pointed at with pride by the World." The history of operative procedures for the relief of hernia down to a very recent date has been so full of disaster that we may almost imagine the author to have had in mind these efforts for the radical cure of rupture when he wrote these lines so uncomplimentary to the surgeon. Even in a very early day in the history of medicine, surgical minds were directed toward devising ways and means of closing rents in the abdominal parieties with the consequent retention of protruding viscera, and as the knowledge of anatomy increased and surgical skill became more pronounced, various operations were suggested and tried with varying degrees of success. Here and there peripatetic "rupture-curers" plied their vocation side by side with those, equally ignorant of anatomy and surgery, who went about cutting for stone in the bladder, and it must be confessed that their efforts were attended with an astonishing degree of success when viewed from our present standpoint of what we are pleased to call "*scientific* modern surgery." The traveling "cut ter for stone" has long since disappeared—the quack who treats rupture is

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\*Read before the Jackson County Medical Society.



still in the land. This indicates that progress has been made in the treatment of stone, while measures directed to the relief of hernia have not been greatly improved; at least it must be said that in the hands of educated surgeons—those who know and appreciate the dangers of any operation involving the peritoneum—the results were not flattering; in fact, the fatality was so great that little had been accomplished down to the beginning of the last decade.

After the abandonment of the "cure by cautery," practised by the Arabians and sanctioned by Avicenna, Albucaris, Paulus Ægineta and others, as well as the "cure by caustics," advocated by Lanfranc, Servinus and Parey, there arose a school of surgeons making use of the operations described by the immortal Percival Pott, under the names: the punctum aureum, the royal stitch, and castration. To such an extent was the latter carried that the Bishop of Papaul found (Lawrence on Rupture) that more than five hundred children had been castrated in his diocese and more than two hundred at Breslau; and on account of the alarming frequency of the operation it had finally to be interdicted by law. Then the celebrated Prussian surgeon, Schumacker, dissected away the sac, opening it to be sure it was empty, ligaturing as closely as possible to the ring, and cutting away; the elder Langenbeck carried out the line to a legitimate end, and the operation found earnest advocates in Arnaud, Sharp, Petit, Abernathy and others, but while a considerable number of cures followed many patients were made dangerously ill and some cases terminated fatally (Marcy on Hernia). On this account "surgical operations by what might be called the open method for the cure of hernia slowly fell into disre-gard, only to be revived in our times." In fact, for a considerable period little was done for the relief of the trouble, and the opinion became fixed (and still exists among the laity) that in a *truss* only could help be found. Of course here and there were men practising the method of Gerdy, first promulgated in 1835,—invagination of the integument into the inguinal canal where it was retained by two sutures, the pouch of inverted skin denuded of its integument and the raw surfaces brought together by pressure, thus making an operation which did not open the peritoneal cavity, but which was usually productive of no benefit. Wood's modification of this was a little more popular (subcutaneous approximation, by a wire suture, of the tendinous structures around the inguinal canal with the consequent obliteration of the passage-way) because of the then existing predilection in favor of subcutaneous operations of every description; and another modification of Dr. Greensville Dowell, of Texas, for a time created quite a sensation. But so unsatisfactory was the one method and so dangerous the other that Velpeau, Ricord, Pancoast and others equally prominent, abandoned attempts in the way of operations (except in cases of strangulation), and tried the injection of tincture of iodine into the hernial sac, after the total reduction of the contents with a portion of the neck—a method now totally obsolete. This differed somewhat from the plan suggested by Dr. Geo. Heaton, of Boston, who in the *Boston Medical and Surgical Journal*, 1843, page 217, published its description—consisting of the injection of an irritating decoction of white oak bark (*quercus albus*) into the cellular tissue around the hernial sac "with the intention of provoking a reactionary inflammation and causing its plastic products to occlude

the canal and sac by compression." It is by far the simplest method of treatment—the one practised by most advertising "rupture specialists"—and is much in vogue at the present day; but it is applicable only in cases of reducible hernia and is not without its dangers, death having often resulted from the inflammation produced by the injection. It is here unnecessary to speak of the treatment by the use of a seton, as that has long since been abandoned.

We then come to the "open method" of treatment. This, as already mentioned, has always had vigorous advocates, but, on account of its dangers, had lapsed into obscurity until the introduction of antiseptics into surgical practice. The first to render this plan popular was Prof. V. Czerny, of Heidelberg, although in January, 1880, Professor Thomas Annandale, of Edinburgh (*Edinburgh Medical Journal*, December, 1880), had successfully performed the operation in a case of femoral hernia without an untoward symptom, and Mr. Charles Steele, of Bristol, had in May, 1873, done the same upon a boy of eight years, and Dr. H. O. Marcy, of Boston, in 1878, had a number of times made the operation in cases of reducible hernia. Czerny's first case was operated upon October 21, 1877, and although the wound became septic with abscess, yet a cure was secured.

It is a modified Czerny operation for the radical cure of hernia to which I wish to call attention, as I believe it to be the one attended with the minimum of danger and the best of results. Perhaps my bias in its favor may be due to the fact that it is the one in which I most thoroughly understand the *technique*, but, aside from that, I cannot but regard it as the best which has as yet been devised. Of course I do not mean to depreciate the method of McEwen, of Glasgow, (*Annals of Surgery*, 1886,) which must be admitted to be a good one. "He separates the sac well up to the internal ring, then doubles it into folds, thus making a sort of plicated cushion through which a cat-gut suture is passed, by means of which the folds are held together. He then separates the peritoneum a little way around the internal ring, and sews this folded-up sac into or about the opening. After this he closes the inguinal canal with sutures. He does not allow patients to leave their beds until six or eight weeks have elapsed, and not even then does he permit them to engage in severe labor. He has reported eighty-one cases with one death, and aside from this no failure. The minute details of his operation can only be understood by reference to his diagrams in the paper just alluded to." That of Spanton has no advocates, though that of Banks (of Liverpool) and of McBurney (of New York) may each be mentioned as possessing merit and having devotees. That of Ball (*British Medical Journal*, December 10, 1888,)—a cure by torsion of the sac, the contents having been carefully separated from the structures of the cord, a task of no small difficulty and impossible in some cases, certainly possesses much merit; but necessitates, unfortunately, the wearing of a truss, in a certain proportion of cases, after the operation.

The operation which most pleases me is that practised by Prof. Roswell Park, of Buffalo, a description of which, in his own language, may be found in the *Medical Press of Western New York*, February, 1889.

"Supposing first a case of non-strangulated hernia in which we go to work deliberately for the purpose of effecting a radical cure; time, place and surroundings being at the disposal of the operator. The patient is prepared as for any serious operation. After careful shaving and washing of the parts, incision is made over the inguinal canal and external ring, extended as much further downward, in either sex, as may be desirable. The hernia is at once exposed, and search is made for its proper sac; sometimes this is easily found, especially when the hernia is old and large; at other times it may be so incorporated with the spermatic cord as to require a careful search. If the case is not one of congenital origin, the sac is carefully isolated and separated from all its surroundings. It is often an advantage, for the purpose of security, to split up the inguinal canal to aid in this search and separation. The sac should be thoroughly opened; if it be found empty, there is nothing to do but to ligate its neck as closely as possible to the internal ring. This ligation is made with a carefully prepared catgut strand; if, on the other hand, there be found adherent intestine, it is carefully detached and restored to the abdominal cavity. If adherent omentum be found, slit up the sac so that a ligature may be thrown around the omental mass high up the sac. It is then ligated efficiently, the part outside the ligature divided, the catgut cut short and omental stump dropped back into the peritoneal cavity. The adherent portion remaining is then removed with the extirpated sac.

"If however, we have to deal with a congenital hernia in the male, the sac is separated well down toward the testicle, and a second ligature is thrown around it close to that body. By this procedure a shut serous sac is provided which shall hereafter do duty solely as a tunica vaginalis testis. The portion of sac intervening between the two ligatures is then extirpated.

"In a case of inguinal hernia in the female the endeavor is made to isolate and extirpate the entire sac, following it into or drawing it out from the labium majus as necessary.

"The balance of the operation consists merely in the introduction of from two to four silver wire sutures between the columns of the ring and the divided edges of the inguinal canal, by which the parts are brought into close approximation. The sutures are twisted, cut short, their ends turned over and left in such shape that no sharp ends of wire can pierce into or interfere with the surrounding parts. The integument is then closed over the wound, with catgut sutures." If the operation have been antiseptically performed there will be in every instance perfect, immediate union, within forty-eight hours, without necessity for drainage. Czerny's recommendation was to close the external ring with a shoe-lace suture of catgut threaded upon two needles, but experience has shown that neither catgut nor silk is adequate—hence a small silver wire should be employed, carefully cleansed before using.

"The method, as above described, has to be somewhat modified in the case of femoral hernia. Here one may isolate the sac, return or remove its contents as already described, and ligate its neck, twisting it or not as he may prefer; but he will not find such a complete and accessible canal to deal with as in the case of inguinal hernia, nor any such ring to close. It will be but seldom, in these cases, that silver wire can be used to any advantage; never-

theless, if the sac has been properly disposed of, the wound will be filled by a cicatricial plug, and the relief will be almost, if not quite, as perfect.

"Upon umbilical hernia one may follow precisely the same general method, only modified as required by the surgical anatomy of the parts. Umbilical herniæ in adults are most commonly found in women with pendulous and very thick, fatty abdominal walls. In such cases, while there seems to be but little external evidence of a hernial mass, there may yet be found a sac the size of an orange; and I have more than once been surprised to find how small the opening into this sac really was. Opportunity for strangulation is increased rather than diminished by so small a ring, and it seems to me that these cases require radical relief fully as much as any others. In several of these cases I have cut down upon the sac, which is usually, at the location of the navel, closely adherent to the skin, have separated it from all its fatty and muscular surroundings, have opened it and restored its contents according as they were intestine or omentum, have thoroughly extirpated it, have then brought together the margins of the umbilical ring, whether large or small, with catgut, and have then sewed up the abdominal wound in two or three tiers with silver or silk sutures, and have never seen the slightest disturbance follow. I have operated upon an infant but recently weaned, with rapid recovery; also upon a woman four months pregnant, of which fact I was not cognizant at the time, without the slightest disturbance or apparent tendency to miscarriage."

It has always appeared strange to me, in view of the marvelous impunity with which the abdomen of the female is invaded by the surgeon in his search for diseased ovaries and tubes, or even for naught but "exploration," or the removal of normal ovaries for supposed "reflex diseases," that operations for the relief of hernia have not more frequently been performed of late years. Hernia is just as dangerous and just as uncomfortable as many of the diseases for which laparotomies are done daily upon the female sex. The abdominal cavity of the male is not more sensitive than that of the opposite sex—yet it is rare, in the West at least, to hear of an operation being done for the relief of hernia—one of the most common afflictions; and the more wonderful is it when we take into consideration the *operative furore* that has just now possession of the surgical world; and still more remarkable is it when we take cognizance of the almost total absence of danger when the operation is performed under strict asepticism. I cannot, after a careful study, but agree with the statement of Dr. John B. Hamilton, made some time since before the Chicago Medical Society: "As no logical reason can be given for a failure to accept the view that there has been an advance, I perhaps need not say that *I favor in all cases affording even a reasonable prospect of cure, an operation therefor, and that all cases of hernia whatsoever should be operated upon.*" Henry O. Marcy, of Boston, (*Radical Cure of Hernia*, page 72) says: "In an experience of twenty years I am assured I have not had a single fatal case, and I have repeatedly removed large portions of the omentum without complication." Prof. McEwen has tabulated eighty-one cases without a death, and in which a firm occlusion was obtained before leaving the ward. And at a meeting of the Italian Congress of Surgeons (March, 1888) Bassini reported one hundred and two cases operated upon without a bad symptom, while Prof. Park (*op. cit.*) reports fifty



cases *not only without a death, but without the occurrence of any sign or symptom which at any time might give occasion for alarm.* Most of his cases have pursued a course as even and undisturbed as follows the slightest operation under an anæsthetic. From such data, can one help but coincide with Marcy's conclusion: "The time is not far distant when the cure of this oft-times disabling and dangerous condition will be considered as safe and simple as an exploratory laparotomy, and, under proper conditions, entirely devoid of danger"?

In the operation of which I have given the details it is unnecessary to have a truss worn after the operation, as Mr. Kendall Franks has pointed out, the pressure of the hernial pad is most likely to cause absorption of the cicatricial tissue that constitutes a barrier to the return of the hernia, thus becoming an instrument of harm rather than good. If the patient be kept quiet for ten days and without strain for six weeks, all danger of return is past. The conclusions I would formulate are:

1. The method here advocated is absolutely without danger.
2. It effects a radical cure in a brief period of time.
3. It obviates the necessity of wearing a truss, as after other operative procedures.

In conclusion, I cannot do better than again quote the words of Prof. Park: That "according to the best light that we have, it appears to me that the common forms of hernia can now be absolutely and permanently relieved, with so small an element of danger that it seems as if every person, otherwise reasonably healthy, could be properly encouraged to undergo the operation; while, even a failure, should one result, leaves the patient no worse than before; while the vast majority, if not all the sufferers, will obtain an ample reward for the trifling danger which they have undergone."

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## THE SANITARY CONDITION OF INDIA, AND ITS TEACHING.

BY J. A. S. GRANT-BEY, M. D., CAIRO, EGYPT.

In our last article we gave an account, by an eye-witness, of the *sanitary normal* state of a native hamlet in the suburbs of Calcutta, while no epidemic was raging.

We now propose to lay before your readers an account of a visit in December, 1887, to a native cholera-stricken village, also in the suburbs of Calcutta, in order that we may profit by the lessons taught us by the sad narrative. The epidemic here described is only part of that cholera epidemic which has been spreading over the length and breadth of India since last year, and which is now raging in all its intensity in the Punjab. As all our readers know, India is the hot-bed of cholera, where it is always present in its endemic form, and where every three or four years it assumes the epidemic character, when it threatens to spread not only over India but to every port having communication with that country.

"The destroying angel, passing over the land of the Pharaohs and smiting the first-born in every Egyptian household, cannot have produced a more

heart-rending scene than the one now presented on a smaller scale at Hahebagan, a suburban village not more than a quarter of a mile from the centre of Calcutta. There, within an area of small compass, more than twenty families are each bewailing the death of some member or members of their family. The sound of the dirge and lament is heard at nearly every door, for within the last few days cholera has visited house after house, carrying with it sorrow and ruin and panic. People are hurrying their dead to the burial and burning grounds, while others are fleeing for safety from the place. Among the refugees are not a few who have fled too late, only to be stricken down on the road-side."—*Journal of the Health Society for Calcutta and its Suburbs*, Vol. IV., Part 1, 1888.

Custom and apathy have so ordered that "no pitying eye takes note of these things; no helping hand stretches forth succor to the suffering people in their affliction." Hopelessly left to shift for themselves, they die in all the horrors and pangs of a cholera death. But this is not all. The moral insensibility which distinguishes the authorities is only surpassed by their supineness in permitting the causes of the pestilence to remain unremoved. The sanitary condition of the village has, out of India, no parallel in the civilized world. There are tanks supplying the inhabitant with drinking water, and at the same time receiving the contents of their *latrines*, ditches full of the blackest and most putrid of mire, the soil soaked with the foulest and most noxious of filth, while the air is laden with impurities and redolent with stinks. Literally, the place is a vast cess-pool; air, water, soil, are all alike poisoned. Here the external and most potent causes of disease are in full play, and grim and ghastly indeed are the effects.

"Cholera, the child of filth, revels in its home, gaining strength and vitality until conditions arise that will give an opportunity of leaving its native soil and visiting other places and countries congenial to its tastes. Doubtless the authorities will declare that the endemic or epidemic is due to seasonal influences, and that the deaths are not more than usual. This apology has ever, at all times and seasons, been a convenient cloak for inaction; but how long is the truth to be suppressed for the ease of the authorities? Seasonal causes are myths of a by-gone day, and must give way to the irresistibly large accumulation of facts which evidence that polluted soil, polluted air and polluted water are alone the means of nurturing this fell disease, and that the removal of the pollution is alone the remedy. How long are the inhabitants to be deprived of a pure water-supply, of drainage and means of cleaning, which are among the ordinary necessities of healthy aggregate life? It is idle to speak of the filthy habits of the people while the ordinary means whereby they can be clean are not placed within their reach. If municipal commissioners will not supply these three wants to their constituents, no amount of education or lecturing will ever effect a change. The change must come from those who are in municipal power—that is, from those who are in authority at the present time. The sanitary condition of the suburbs of Calcutta is an outrage on humanity, a satire on civilization, and a disgrace to all concerned."

The closing words of the above report are more trenchant than we would dare use toward our authorities, however much tempted to do so. Now, what can we Egyptians learn from this picture of the sanitary condition of our neighbors? What about the air we breathe? What about the state of the soil on which our habitations are built? What about our drinking-water supply? True, we have not cholera to deal with unless when it is imported, but we have other death-producing diseases always present that are equally dependent for

their existence and propagation on what feeds cholera and other contagious diseases.

Is it not true that the air in and about the majority of our dwellings is pestilential? And have we not evidence enough that the soil is saturated with filth and is becoming more and more so every day? As to our drinking-water—if we have no means of storing the high-Nile water, then for about three months in the year we have to drink what may be truthfully designated sewage water; while, during the other months of the year, the water is only comparatively pure, by reason of the abundance of water which helps to nullify the bad effects of the organic matter thoughtlessly thrown into it by the natives; for there is no sacredness attached now to *old Father Nilus* to force the natives to keep the river undefiled. The wisdom of the ancient Egyptians is proverbial, but, unfortunately for us, wisdom is not hereditary; besides, the acquiring of it is by far too laborious and irksome for a race whose nerve-power is concentrated elsewhere than in the brain.

We have heard a great deal lately about the excessive death-rate throughout Egypt, but especially in Cairo; and it may well attract our attention and draw out our concern. What are the best means for lowering it? Are they being used?

In other departments of the government we hear of great projects, proposed and attempted at great cost to the state; but the Public Health Department is in many respects like that of India—left almost out of count, although disease and death threaten the very existence of such a small nation as this is. India, with its population of three hundred millions, can afford to be well purged of its extra population from time to time by keeping up its unsanitary condition; but this is not the case with Egypt, which is at this moment suffering from scarcity of tillers of the soil. There is no lack of immigrants pouring into Egypt, but none of them can replace the fellaheen. The cultivation of laborers ought, then, one would think, to demand the serious study of political economists, as much, if not more than the cultivation of cattle and sugarcane. We question very much whether this is the case, but the shoe will pinch more tightly some of these days soon, if intelligent and well-digested sanitary measures are not speedily adopted and faithfully carried out.

There is a remarkable similarity between Egypt and India in their sanitary conditions, and in the apathy of the authorities as to sanitary questions that involve the health and stability of the native population. One has only to walk through our cities and villages to be sensibly assured of the pollution of the air and soil, and in nine cases out of ten that pollution is more intense inside the dens and houses of the natives than it is in the open streets. Even the Egyptian houses are not exempt from unsanitary stinks, that might easily, by proper ventilation, be carried off and disinfected in the open air instead of being allowed to permeate through the rooms, thereby destroying the health and stamina of the inmates.

We read of the filthy water-supply of India, and of its deleterious effects on those who are obliged to drink it, and we are not astonished to find that an impure water-supply in Egypt is accompanied by a high death-rate. Just look at those green, stagnant pools and low Nile that surround the Egyptian vil-

lages that receive the filth and washings of the people, while at the same time they serve as a water supply for man and beast. Can it be wondered at that the native population is dying out by a slow process of blood-poisoning? Here in Egypt there is no lack of polluted air, polluted soil, polluted water-supply; these, combined with the heat of summer, ignorance and crime, make our demographic statistics simply deplorable. The present sanitary condition of India has been designated as an outrage on humanity. This may be equally said of the sanitary state of Egypt. Such things are not going to remain as they are. It becomes more and more evident every day that a Minister of Public Health is absolutely needed in the Council of Ministers. There is no lack of sanitary measures to be passed, but as they are not well understood by non-professional and non-scientific ministers, and as they are not immediately remunerative, they are pigeon-holed and thus remain a dead letter. We have raised our feeble voice in the cause of sanitary reform, and we have pointed out some of the ways by which the health of the people might be improved, and we are glad to find that sometimes our suggestions occupy the serious attention of the sanitary department; but, as this department is discredited at the ministry, its proposed sanitary measures are generally sent back for further study, as they are considered both ill-digested and impracticable.

As far as the climate of Egypt is concerned, little need be said except that it is excellent. The heat of summer is no doubt sometimes excessive, and the children suffer from its effect upon the milk-food. Many of them die from summer diarrhoea. This could be controlled somewhat if the people were less ignorant and knew more about the proper preparation of food for the delicate stomachs of their offspring. The cold of winter does not last long, so that chest disease is not common among the natives; but we have seen some cases that would have been better if they had more clothing. We are sure that a little more education would enable the natives to intellectually combat the evils arising from the climate.

We consider that it is the duty of the government to take the advice of its sanitary department as to the laying out of towns and villages, and as to the construction of individual houses so as to secure a pure air for the people to breathe. Many of the wild beasts have better dens to live in than the Egyptians have houses. The honeycomb principle on which the houses of the villages are built is entirely wrong in a sanitary point of view. This could easily be rectified, as they are but crude brick huts at best. The government is certainly responsible for a pure water-supply for man and beast all the year round, and it would be wise in fulfilling this duty to make arrangements beforehand for carrying off the waste. This has been effectually frustrated at Cairo by the deliberate destruction of the sewers.

Cairo is now supplied with an abundance of water, and occasionally, during the winter, there is a considerable downfall of rain; but, without a single sewer, this must undoubtedly lead to flooded streets if nothing worse.

The Public Instruction and Sanitary departments could not have a better field than Egypt to distinguish themselves in. There is so much to be done. We are therefore very anxious to see both these departments in a flourishing condition.



## ABSTRACTS.

## ANTISEPTIC MEDICINE.

BY E. W. SCHAUFFLER, M. D., KANSAS CITY, MO.

[ Professor of Principles and Practice of Medicine, Kansas City Medical College. ]

At the last meeting of the Missouri State Medical Society Prof. Schauffler read a paper upon this subject, which may be found in the *Medical Review* of June, 1889. He said, in substance :

We are all quite familiar with the term "antiseptic surgery," whereby is meant such use of antiseptics in surgical operations and dressings as shall prevent sepsis and suppuration, and shall result in the safe and speedy healing of wounds, without the admission into the system, or the development within the system, of anything calculated to poison the individual operated upon. The triumphs of antiseptic surgery have been sung in every civilized land and tongue, nor is it possible to swell too loud the pæans of its praise.

By strict adherence to its rules, miracles of healing are wrought to-day as marvelous as those of mythology ; or, better, those of Holy Writ.

The question which I wish to bring before this Society is, whether the surgeons are entitled to a monopoly in antiseptic practices, or whether those who practise medicine alone have any practical interest in the doctrine of antiseptics.

This doctrine, so far as it applies to surgery, according to my understanding of it, is as follows : The atmosphere in which we live is loaded with pathogenic microorganisms. They are in the air, in the dust that settles everywhere ; therefore on the skin of the person to be operated upon, on the hands and the instruments of the operator, in the water and the dressings to be used ; whereas, these microorganisms do not enter the human body through a sound skin, they do thus enter it through a wound, and in the course of their life and reproduction within the body, they produce organic poisons which are liable to kill the individual by what is called septicæmia. For this reason the surgeon disinfects his patient's skin, his own hands and arms, his instruments, and everything that may come in contact with the wound, or wherewith it is subsequently dressed, thus reducing to a minimum the chances of infection through the wound.

In the practice of medicine we have to do with many diseases which are caused by the presence of microbes in the body. The number of different microbes ( bacilli and micrococci ) which have been proven to be the cause of different diseases is constantly increasing.

Among the surgical diseases which have been positively proved to be caused by microbic invasion are : anthrax, erysipelas, gonorrhœa, and all pus formations.

Among the medical diseases positively proved to be caused in the same manner are : Asiatic cholera, sporadic cholera, tuberculosis and typhoid fever.

Among those diseases the microbic origin of which has been strongly claimed by excellent authorities, but is not yet generally admitted as being proven, are: Pneumonia, diphtheria, epidemic dysentery, tetanus, malarial fevers, and some of the eruptive fevers, as scarlatina and small-pox.

All forms of septicæmia are believed to be due to the action of pathogenic microbes.

It would be interesting, if we had the time, to study together the life-history of some of these microorganisms, which play such dire havoc with human life, influencing the history of the world far more than does any other animal excepting man. The story of their discovery, of their cultivation, of the experiments made with them by the enthusiastic bacteriologists of Europe and of this country reads, sometimes, like a fairy tale. But with all this we cannot occupy ourselves at present. Accepting the established facts, our duty is to turn earnestly to the question: "Is there any way in which we can limit the spread of those diseases which are either certainly or probably disseminated by a living contagion?"

In the case of certain epidemics which are liable to visit our shores, such as cholera and yellow fever, the State takes the matter in hand, isolates the sick, disinfects clothing, vessels, etc.; and, as a rule, arrests the spread of the disease. But in typhoid fever, tuberculosis and diphtheria, which are always in our midst, no such State interference is practicable (though much might and ought, nevertheless, to be done by State and local authorities), and any steps that are taken to prevent the unhindered spread of these maladies must be initiated by you and me.

Since typhoid fever is always communicated by the introduction into the system of the typhoid bacillus, and since this bacillus escapes from the body of the typhoid fever patient in immense numbers in the dejections from the bowels, it behooves us to kill these bacilli in the stools before they are thrown out or emptied into a sewer or cesspool. For the same reason all clothing, bed-clothes or other articles soiled by such excreta, should be removed as soon as possible, and so treated as to kill the bacilli which cling to them. The methods of doing this will be discussed presently.

Inasmuch as all tuberculosis is due to the entrance into the body of the tubercle bacilli, and inasmuch as the sputa of the phthisical patient swarms with these bacilli, and they are often contained in the saliva, the nasal mucus and the stools of such patients, it behooves us to disinfect all such discharges and all articles that have been contaminated by them.

The same rule holds good with regard to diphtheria, the contagiousness of which, and the need of disinfection with regard to which are generally admitted, although the specific microbe of this disease has not been so satisfactorily demonstrated.

General, as well as medical, public opinion, also concedes the necessity for disinfection after small-pox, scarlet fever and other strictly contagious diseases.

Has it come to this, you will, perhaps, ask, that antiseptic medicine merely means disinfection? Precisely this, and nothing more. Nor is this so lame and impotent a conclusion as might at first appear.

What is antiseptic surgery, whose praises we were but just singing, more than just simply dissection? The surgeon, fearing that he will introduce into his wounds mischievous microbes which may cling to his hands, his instruments etc., disinfects those hands and instruments by immersing them in a solution of some substance that will kill these microbes and their spores or eggs. By this means he secures a disinfected wound. This, together with subsequent care in still keeping out microbes and spores is all there is to antiseptic surgery; but it is a great deal—it is everything!

We, dealing with typhoid fever or tuberculosis, cannot, alas! destroy the microbes that are, perhaps, destroying our patient; but we can, and we should, prevent that patient from becoming a source of infection to others. This can easily be done without isolating the patient, or subjecting him to any serious inconvenience.

I say that we cannot, with internal medication, destroy the bacilli of tuberculosis, for instance, and thus cure our patients. In saying this I by no means ignore the attempts that are being made in this line by the administration of the salts of mercury, the iodine salts, creasote and other antiseptic remedies. I believe that in this direction lies the great hope of medicine for the future. When we shall have succeeded in fully accomplishing this object, we shall, indeed, be practising antiseptic medicine. As yet, the experiments in this direction are only experiments, however valuable, and I, therefore, confine myself in the brief time here allotted me, to the question of preventing the spread of microbic diseases.

One exceptional disorder may, however, be mentioned where, the infection being at first local and afterward general, and the local point being often within reach, we may use local disinfection on the patient. I refer to diphtheria, the pathology and treatment of which will be the subject of a separate paper to be read before you; a disease in which, I presume, we all agree on the value of local disinfection, just as we do in the case of wounds, whether strictly surgical, obstetrical, or otherwise.

Before proceeding to the consideration of the use of the various disinfecting agents, it may be well to answer the question: What is the difference between an antiseptic and a disinfectant?

An antiseptic is an agent which, used in a given strength, will prevent putrefactive decomposition in animal tissues; or, which added to a culture-medium suitable for the growth and multiplication of certain microbes will prevent the growth and multiplication of such microbes when they are introduced into such culture-medium.

Observe that nothing is said in this definition about killing these microbes, nor is this at all essential in order to maintain the character of the agent as an antiseptic. Mercuric chloride,  $\frac{1}{1000}$ , according to Steinburg, prevents the development of most of the test organisms used by bacteriologists, and yet it takes  $\frac{1}{1000}$  to kill these organisms, and  $\frac{1}{100}$  to kill their spores. The same pathogenic microbes, as anthrax bacilli or tubercle bacilli, whose development is arrested by an antiseptic solution, will again manifest their former activity and multiply when the strength of the solution is reduced below a certain point. Not so when a disinfectant is used, because the latter kills the

germs. It may be identically the same agent that was used as an antiseptic, but to make it a disinfectant it must be strong enough to kill the microbes.

The Committee on Disinfectants of the American Public Health Association, to whose admirable reports, completed and published last year, I am indebted for the statistical portions of this paper, give the following very general and guarded definition of disinfectants, viz.: That they are "those agents which are capable of destroying the infecting power of infectious material." Virtually explaining and modifying this definition, however, we find the following language of the committee on page 236 of their report: "It has been proved for several kinds of infectious material that its specific infecting power is due to the presence of living microorganisms, known in a general way as 'disease-germs,' and practical sanitation is now based upon the belief that the infecting agents in all kinds of infectious material are of this nature. Disinfection, therefore, consists essentially in the destruction of disease-germs.

"While an antiseptic agent is not necessarily a disinfectant, all disinfectants are antiseptics; for putrefactive decomposition is due to the development of germs of the same class as that to which disease-germs belong; and the agents which destroy the latter also destroy the bacteria of putrefaction when brought in contact with them in sufficient quantity, or restrain their development when present in smaller amounts. A great many of the proprietary 'disinfectants,' so called, which are in the market, are merely deodorizers or antiseptics, of greater or less value, and are entirely untrustworthy for disinfecting purposes."

The closing sentence of the preliminary report of this Committee on Disinfectants is well worthy of quotation here, inasmuch as it says in a few well-chosen words all that I am trying to say in this entire paper. It reads as follows:

"In the sick-room we have disease-germs at an advantage, for we know where to find them as well as how to kill them. Having this knowledge, not to apply it would be criminal negligence, for our efforts to restrict the extension of infectious diseases must depend largely upon the proper use of disinfectants in the sick-room."

A fact worthy of note is that the fumes of such disinfectants as are more or less volatile or odoriferous, possess, practically, no disinfectant qualities. Many physicians encourage the idea that to have chloride of lime set around in plates, or cloths wrung out of a carbolic acid solution hung up in the room, will disinfect the air of that room. This is an utter fallacy, and the harm it does lies in the fact of its leading to a false sense of security and to the neglect of precautions that are of value. As a rule, it is not the air that we want to disinfect, but everything that comes out of the mouth and nose of the patient.

Another popular error is that which attributes great germicidal properties to cold. Bacteria are very much like other vipers—they can bear an immense amount of freezing and yet come to life again and bite when they are warmed. In some experiments conducted by Dr. T. M. Prudden, of New York, (*N. Y. Medical Record*, March 26 and April 2, 1887), it appears that the staphylococcus pyogenes aureus was not destroyed by exposure to a freezing temperature for sixty-six days, a fluorescent bacillus from Hudson river ice survived for sev-



enty-seven days, and the bacillus of typhoid fever survived after one hundred and three days.

It is true that the number was greatly diminished, but there were still 7,348 typhoid bacilli in a c. c. of water after it had remained frozen solid for 103 days. This is quite suggestive of the importance of securing a pure source of supply for the ice used in drinking water.

It may not be out of the way, before calling attention to the very simple rules for disinfection recommended by the Committee of the American Public Health Association, and placed before you on the wall, to give the results of their experiments on the efficacy of certain commercial disinfectants put upon the market.

The test to which they were subjected was their power to destroy disease-germs exposed to their influence for two hours:

	Active when used in the strength of per cent.	Failed in the strength of per cent.
Little's soluble phenyle.....	2	1
Dr. Martin's "disinfecton No. 1," (contains mercuric chloride) .....	2	1
Thymo-cresol, English .....	2	1
"Pasteur's marvelous disinfectant," Blackman Disinfecting Co., N. Y. (mercuric chloridi).....	4	2
Wither's antizymotic solution, (mercuric chloride).....	4	2
Labarraque's solution, (liquor sodæ chlorinatæ) .....	7	5
Liquor zinci chloridi, (Squibb).....	10	7
Phenol sodique, (Hance Bros. & White).....	15	10
Platt's chlorides .....	20	15
Bromo-chloralum .....	25	20
Listerine (Lambert & Co.) .....	—	50
Phenoline, (Hance Bros. & White) .....	—	50
King's distnfectant, N. Y. ....	—	50
Smith's odorless disinfectant .....	—	50
Chloridium .....	—	60

Looking now at these tables, hung upon the wall, which are taken from a circular issued by the American Public Health Association, based upon the investigations of its committee, composed of some of the best bacteriologists and sanitarians in the land, you see how few are the agents and the processes requisite for absolute disinfection.

For the destruction of spore-containing infectious material:

1. Fire, complete destruction.
2. Steam under pressure ( $221^{\circ}$  F.) for ten minutes.
3. Boiling in water for half an hour.
4. Chloride of lime (should contain at least 25 per cent. of available chlorine); a four per cent. solution.
5. Mercuric chloride; solution of 1 in 500.

For infectious material containing microorganisms without spores:

1. Fire; complete destruction.
2. Boiling in water for ten minutes.

3. Dry heat (230° Fahr.) for two hours.
4. Chloride of lime; 2 per cent. solution.
3. Solution of chlorinated soda (should contain at least 3 per cent. of available chlorine); a 10 per cent. solution.
6. Mercuric chloride; solution of 1 in 2000.
7. Carbolic acid; 5 per cent. solution.
8. Sulphate of copper, .5 per cent. solution.
9. Chloride of zinc; 10 per cent. solution.
10. Sulphur dioxide (fumes of burning sulphur); exposure for two hours to an atmosphere containing at least 4 volumes per cent. of this gas in the presence of moisture. Burn between three and four pounds of sulphur for every 1000 feet of air space.

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### SYPHILITIC EPIDIDYMITIS.

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BY GEO. W. DAVIS, M. D., KANSAS CITY, MO.

[Professor of Genito-Urinary and Skin Diseases, University Medical College.]

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At the Missouri State Medical Society, May, 1889, the author presented the report of a case thus:

Peter S—, æt. 26, single, laborer, born in Germany, has always been healthy. Negative history of injury and denial of previous venereal trouble. No evidence of lung disease.

In the early part of last October he noticed an ulcer on the dorsal surface of the prepuce, which was diagnosed and treated as chancre.

About one month after the first appearance of the sore, patient accidentally discovered a small lump just over the left testis.

Previous to my attention being called to the case, he was seen by several physicians and the enlargement pronounced a "malignant growth;" and then again, it was supposed that it might be a hernia from omental protrusion.

February 16, about four months after the first appearance of the chancre, the patient came under my observation.

On examination, I noticed the cicatrix of the chancre, papulo-pustular eruption, enlarged gland at the angle of the jaw, alopecia, headache and the symptoms of secondary syphilis. On examining the testes found them normal, but discovered in the region of the globus major of the left epididymis, and in fact involving all of the epididymis and extending along the cord to the pubic bone, an enlargement, indurated, and almost cartilaginous to the feel.

As near as could be determined, this enlargement was about three and a half inches long by one inch in width, and obviously not attached to the pubic bone, but seemingly nearly filling the opening of the external abdominal ring. This swelling was indolent, and only a slight amount of pain was caused by manipulation. Rectal examination showed some tenderness.

Placed the patient on anti-syphilitic treatment, pil. hydrarg. gr. j, three

times daily, and eleven days from the commencement of this treatment was gratified to find the tumor much smaller and the veins more distinct.

Regarding local treatment as unnecessary, I yet occasionally applied ungt. hydrarg. to amuse the patient and quiet his imagination.

Recently the swelling was examined and found to have disappeared almost entirely; the result of treatment thus confirming the diagnosis.

Syphilitic epidymitis was first described by Dron, of France. The literature of the subject is very meager and not altogether satisfactory.

The best authorities speak of the disease as of rare occurrence, and unanimously state that it does not soften or show signs of degeneration. This fact is controverted (so far as I am aware) in only one instance, and that by a case reported in the *New York Medical Record* for 1887, page 194. The history there given is not, to my mind, proof conclusive that the case was one of syphilitic epidymitis, but probably gonorrhœal epididymitis occurring in a syphilitic subject, as the recorded facts show the patient with tight urethral stricture complicated by urinary retention and two attacks of gonorrhœal epididymitis before he became syphilitic. This is the only record I can find of a reported autopsy.

The case I have reported is one of exceptional interest. In the examination of several hundred cases of scrotal tumors I have never met one like it. The special features are: its affecting only one side, while both sides usually are involved; its large size; but, most remarkable of all was its involving the cord.

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## THE HOT SPRINGS OF ARKANSAS.

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BY E. R. LEWIS, A. M., M. D., KANSAS CITY, MO.

[Professor of Anatomy and Clinical Surgery, University Medical College.]

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At the late meeting of the National Association of Railway Surgeons, held May 2, 1889, the author presented an essay which is published in full in the June number of the *Journal* of the Association, from which the following is abstracted.

Worn-out and tired, dragging my legs and stumping my toes, I turned my back upon my much-loved home the last of March, to face America's Baden-Baden, and beg rejuvenation at her hands. Like the Jews of old, I believed nothing good could come out of Nazereth, still I made up my mind to accept the empiric statements as to the beneficial influences of the waters, and drink with closed eyes at the pool of Siloam, whose miraculous works call not upon us to accept by faith alone, but by the proven works upon many thousands who have bowed at her shrine.

Eighty years have the Hot Springs of Arkansas been known to the white man, and even with their earliest acquaintance they found the red man availing himself of their healing powers to relieve the ails to which flesh is heir, and even giving, in their broken vernacular, glowing accounts of how the lame were made to walk.

The reason of the location of these springs in the foot-hills of the Ozark Mountains of Arkansas is certainly much better understood by the Creator than by the created, and 'tis possible that the same grand Cause that wrapped the sweet kernel beneath the strong, rough shell, placed those limpid waters amidst the rock-ribbed Ozark Mountains that no one should drink without at least a sacrifice. But still they come, and each revolving season brings more limping humanity to bathe in her thermal waters, and never has the stream of ailing humanity ceased to flow hitherward since the discovery of these waters in 1807, when the gulch for miles, with its ugly rocks, was hidden by the rising smoke and steam that hovered like a shroud over the heated waters, till the noon-day sun made bare the ugliness of this valley, which in late years has been remolded and changed by the power of art till the sun now rises upon as clear a spot as marks the western prairie.

The waters that make this spot so important are caged in iron pipes before they reach the shining sun, and hurried off to the various bath-houses where they are made subservient to the will of man. The potency of these waters for good to suffering humanity is no longer questioned by those who have seen fit to personally inquire into and honestly investigate their merits. The physical conditions of these waters are so very markedly different from artificially-heated water, that I can only say that artificially-heated water is dead, depressing, relaxing and tiring; while these thermal waters are alive, quickening and exhilarating in every sense of the term; giving tone and elasticity to the organism where stiffness and malaise existed before. The question as to how these waters can accomplish such a transformation scene is as yet unanswered. Their action would seem to be empirical, and the results accepted rather than explained; but the fact still remains, although unexplained, that good is accomplished by the use of these waters, where remedial agents as measured by the apothecary on the order of a doctor have totally failed.

In making a hurried canvass of some of the many doctors who reside on the spot, I am firm in the belief that all those diseases not dependent upon an organic lesion of either the heart, the lungs or the brain, are invariably helped if not entirely relieved; and I saw several instances where a serious lung-lesion following copious hæmorrhage had been stayed, and the sufferer restored to a strong and healthy appearance. The most grateful class I found to flock to these springs were rheumatics, whose limbs were so deformed as to be useless, and suffering with pain too severe to be described, gradually, but surely, yielding to the potent influences of these waters, in many instances without the aid of any drug or doctor. I can but quote the remark of a man forty years of age, who was standing before a little huckster's stand, which he owned. He said: "Two years ago I was brought to this place, suffering with rheumatism so painful that to die would have been a relief. I was too poor to bathe in the bath-houses or to hire a doctor, so I availed myself of the free bath as furnished by the Government; and to-day I am as supple and free from pain as a sixteen-year-old boy, and I would not be without the benefit the springs have been to me for all the surplus in the United States Treasury." Next in importance to the rheumatic I found the syphilitic bending the knee and worshipping most devoutly this almost panacea for that vile and unfortunate condition, which has

but to touch the young to make them old, and touch the old to make them die. This class of patients seemed exhaustless here. The young man in his nonage, and the old man in his dotage were alike journeying to these troubled waters, whose salutary effect alone seemed to stay this monster in his system. I know it is true that the doctor's noble art is called in to assist the rapid cures the patients crave and are so often made, and, with your permission, I may here say that I was indelibly impressed with the fact that while you and I can only give forty, fifty or sixty grains of iodide of potash at a dose, and then but rarely without shattering the patient's stomach, that in Hot Springs half an ounce a day can be given and increased to an ounce—yes—an ounce and a half a day without stomach disturbance, and the reason why such excessive medication can be indulged in is solely attributable to the water. Another point as to the administration of iodide of potash I wish to call attention to is the horrible taste and effect it produces in the mouth. This is almost lacking here in the Hot Springs, and the syphilitics thrive on iodide of potash and mercury, and their surroundings allow them to take it almost *ad libitum*. The next diseased condition, in point of frequency, seeking aid from these waters, are the "nervously exhausted"—a class of persons drawn from many avocations in life, but from no one source did I find so many as among the railroad officials and employes of this country—the young and middle-aged men who are in positions that yoke them up with great responsibilities resting upon their shoulders. The benefits obtained by these nervously over-worked are not alone due to the rest and quiet which they so much need, but to the salubrious influence of the vital thermal waters, whose temperature and chemical composition so aptly fit them to wash out or sluice out the various emunctory channels of the body, and at the same time furnish those elements necessary to build up, strengthen and maintain this physical organism. That this rapidly eliminating process, generated and maintained by these waters, is the thing *par excellence* in this electrical age in which we live, I dare say is a point on which we all agree. So admitting and realizing the accelerated function of elimination of the old and worn-out cell and the assistance to the new during adolescence, brings all generally-debilitated constitutions within the field of the waters of this wonderful spot. Necrotic tissue, from whatever cause, seems to vanish and give place to a healthy, neoplastic condition, accomplished without the aid of the materia medica, although often accelerated thereby.

It seems to be the spot where art and nature meet, and I have often thought how gloriously pleasant it would be if we could avail ourselves of these thermal waters, whose aid would help us to so satisfactorily compete with disease and death. But I do not wish to be misunderstood. That death must follow life, as night does day, not one of us will attempt to gainsay. But as I looked upon and studied my surroundings in this peculiar valley, I could but see that mythical trinity: Ægis, Hygeia and Panacea, rising before me; Ægis, upon her pedestal, occupying the highest spot upon this government reserve, with shield drawn to ward off the shafts sent by the common enemy of life; Hygeia, robed in her spotless garments of health, floating over this scattered village, pointing all to the fountain of health; and Panacea, presiding over the different pools,

now to shelter known, healing the lame, the blind, the halt, bidding all to drink, to bathe and be made clean.

But to the statistical part of our subject: What is being done in Hot Springs to-day? The demand for these waters is so great that each measure of it must be accounted for, and the government, that controls it, has an officer with assistants who do nothing but see that no one misuses the privilege; so the waste of this water has its approved penalty. And I venture to say that no water-works company in our land so successfully competes with waste as does the Government with these hot springs water. Every water privilege, I understand, is let, and the number who seek to be relieved by these waters may be approximately estimated when we take the records of the Government, or free pool, which show that 220 bathe in its waters daily and drink this water, without paying anything for the privilege; these in our cities would be termed the "pauper class." Of those who frequent the various club bath houses, or those that pool their earnings, average 749 baths daily. There are six independent bathing places where 775 enjoy baths daily—thus making a grand total of 1744 baths a day.

When I see the immense good these springs are doing, and study their location as to the various railroads of this country, I am at a loss to know why the Great First Cause so nearly hid them under a bushel; and the only explanation heard for their location in Arkansas was by my friend Dr. P. H. Ellsworth, an old resident of the Springs, who said that when the Hot Springs were located by the Almighty, New York City, Chicago and St. Louis had not been built; and so, uninfluenced, He located them where all would be welcomed who could get there.

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## NASAL CATARRH AND ITS TREATMENT.

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BY BEVERLEY ROBINSON, M. D., NEW YORK.

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In an essay read before the New York Clinical Society, the author presented (*New York Medical Journal*, June 15, 1889) some thoughts upon this subject, the chief points being these:

People are said to have nasal catarrh when they have one of two symptoms, or both—stuffiness in the nose, hawking and spitting from the throat. Patients may have, and often do have, both symptoms combined. Frequently it is easy to determine the locality in which the phlegm is formed. At times it requires a very careful examination with the rhinoscope, with the laryngoscope, and by means of physical exploration of the chest, to be convinced of the precise origin of the expectoration. Indeed, it is not unusual, after we have made the most searching inquiries and employed all exact methods of diagnosis, to conclude that an extensive area of the respiratory tract is more or less involved, and that the sputa come from the naso-pharynx, the middle and lower pharynx, the larynx, the trachea, and perhaps the large bronchial tubes.

It is easy to appreciate, under these circumstances, that a problem is involved which may call for a fair amount of medical acumen to properly solve



in its different aspects. For the over-enthusiastic and somewhat narrow specialist, who is too ready to accept the doctrine that most, if not all, pharyngeal, laryngeal and tracheal inflammations are the inevitable sequelæ of nasal disease, and that the nasal disease is usually due to obstruction of nasal respiration, it is relatively simple to say: Free the nasal chambers by judicious operative procedure, and a cure will follow. To those of us, however, who look at the ills of humanity from a wider field of vision, such an affirmation often falls far short of truth. We know only too well that, while occluded nasal passages are highly detrimental to a good condition of the remaining portion of the respiratory tract, yet morbid affections of the throat and bronchi may and do occur frequently when no nasal occlusion exists, and, further, that a simple operative procedure which opens the nasal fossæ when they are obstructed is by no means always sufficient to effect a cure of catarrhal inflammation of the nasopharynx or lower down in the air-tubes. This is due to the fact that inflammation of the respiratory mucous membrane may be occasioned by a large number of conditions, some of which act directly as mere local irritants; others, which affect the general system, are thus in an indirect manner the efficient factors which occasion the local disturbance. In another and very wide category may be placed the influence of geographical position; in another, the winds and rapid changes of temperature, in another, hereditary tendencies; in another, modes of life and habitual surroundings; in another, fatigue, emotional disturbances, and numerous accidental causes, etc.

In connection with the symptoms of nasal catarrh referred to above, there may be discovered certain local abnormal physical conditions—*i. e.*, deviation of the septum, mucous polypi, adenoid vegetations, etc. Again, the general system may be vitiated with gout, syphilis or tuberculosis. Finally, all evidences of dyscrasia may be wanting, and the affected person may be in other respects perfectly healthy, and, except for the obstructive feeling in the nose or the hawking and spitting from the throat, or these united conditions, would have absolutely no source of physical grievance.

That there may be a constitutional condition to account for catarrh I believe as firmly as I did fifteen years ago, but we may not be able always to discover it or to tell in what cases it is or is not present. It may be obscured by other diathetic conditions, such as gout, syphilis, rheumatism or tuberculosis. We may not, however, be able to recognize any of these dyscrasiæ in a given case, yet the patient, although quite healthy in other respects, has persistent catarrh. This condition, in my opinion, is to be accounted for in one of two ways—either by a special dyscrasia, which keeps up the catarrh, or by external conditions, such as those due to atmospheric changes, soil, climate, dust, special vocations, habits, etc. In certain surroundings, one man will be bothered by catarrh, while another man will be entirely free from it. The interior conformation of the nose has its importance as an exciting factor. In many noses the nasal septum deviates notably to one side. This can be demonstrated either by the examination of numerous individuals successively, or by inspecting human crania in a museum. The amount of deviation is variable. In the larger number of persons it is slight and only causes annoyance at times, when there is suffering from cold or irrational treatment. In a few individuals, relatively

rare when compared with the vast number who have no such infirmity, the amount of obstruction due to the deviation of the septum necessitates an operation for the relief of the symptoms caused by it. *It should be remembered, however, that it is not well to attempt to correct all septic deviations, as some of them occasion little or no disturbance.* Frequently nasal catarrh is nothing more than the consequence of a bad habit which has been persisted in. When the habit is abandoned, the nasal difficulty can be cured with ease.

In treatment, the douche is valueless, and in many ways harmful; thus it may produce otitis media; and if a man has an occluded nose and uses douches he will find out that they occlude it more. If he has a pretty free nasal cavity, they will at first tend to cleanse it; but after a week or a month he will tell you that his condition is as bad as it ever was. Only temporarily is his obstruction relieved.

In regard to the spray, some years ago I believed the spray was curative of many nasal troubles, but now I hardly believe it will cure any case. I believe, however, it is sometimes an aid. Some sprays are better than others, and some are really injurious. Good sprays act as a cleansing measure better than the douche. A cure may be effected in a few cases by their use, but such cases must be very infrequent. If the spray is too dilute, not carrying sufficient of the active medicament, positive results will not be produced; if it is too concentrated, it hurts, and produces unfortunate results, because you cannot limit it to the points requiring treatment.

After forming the notions just mentioned, I began to use powders in all forms, and for a while I believed we could cure catarrh with them, but I no longer believe it. I believe they are better than douches; they do less harm. I believe also they are better than sprays, because the medicament which they may carry remains for a longer time in contact with the parts affected. It is only necessary to recall the form of the nasal passages to be impressed at once with the impossibility of limiting the douche, the spray, or the powder, to the part from which the secretions flow in nasal catarrh; that is, to the diseased tissue. But of the three measures mentioned, I think powders are rather better than sprays, and certainly better than douches. For a year or two past I have, so far as concerns the anterior and median portions of the nose, relied more on ointments to produce curative results. There is one objection, namely, that they cannot be made to reach so much surface as the spray, douche, or powder does, but I believe an ointment is better for application to an inflamed mucous membrane than a water, the reasons for such belief being physiological. I introduce the ointments on applicators, or have the patients sniff them up. At present I am using a spray of carbolyzed oil. This, being a spray, has, in the first place, the advantages of a spray; it further possesses the advantage of an oleaginous agent, and in addition is a medicament, since it carries carbolic acid.

Sometimes these local medicinal measures will all fail to relieve materially, much less to cure entirely, and you may not be able to recognize any diathesis to account for the catarrh. In this position you may recur with advantage at times to one of three remedies for internal administration. These are: cubeb, sulphur, and ammoniacum, which have been recognized for more

than a hundred years as of benefit in inflammation of mucous membranes. Sulphur may be used in spray, or it may be taken internally in the form of sulphur water. Regarding cubeb, I think well of its use in selected cases, and believe it has a desirable modifying effect upon the diseased condition of the mucous membrane. It may be given with a probability of being useful in cases in which catarrhal dyscrasia is apparently present, and provided the digestive organs are undisturbed. Ammoniacum is also useful only in certain cases, for in some cases it causes the secretions to become too thick and tenacious, and hard to remove from the nose or naso-pharynx, so that it has to be given up. So much can properly be said in regard to the intelligent medicinal treatment, local and general, of numerous cases of nasal catarrh—in persons in whom it may or may not be due to a diathetic condition, who are otherwise in good general health, and have, so far as can be recognized, no invincible or considerable degree of local obstruction which acts as the evident or sole cause of the catarrh.

There is, however, a surgery of the nose apart from the medical treatment in cases of catarrh; and when conditions do exist which surgery should take hold of, then by all means employ surgery. But do not expect to cure every case of catarrh by surgical means. *There is no use of imagining that all ailments center in the nose, and that everybody who has catarrh must be butchered for it.* "I am perfectly willing to hurt or mutilate people by the use of instruments when it is necessary, but I do not believe in doing too much of certain kinds of meddlesome and injurious surgery. There are many persons who come to the physician with catarrh, and have some obstruction due to hypertrophy of the turbinated bodies, yet who can be cured by milder measures if the catarrh has not existed for too long a time. But when you find that ointments, vapors etc., and some judicious medication, with proper attention to coincident or complicating affections, habits, surroundings, and all measures of good hygiene, do not produce good results, try something a little more severe; sometimes acids avail. We all know that at present we need not hurt the patient in making these applications, since we can use cocaine or rhigoline with the happiest effects to reduce the sensibility of the mucous membrane.

A few years ago I used nitric acid considerably, but I do not think so much of it now. Then glacial acetic acid was used by me, then monochloroacetic acid, which I still employ and regard as one of the best acids for cauterizing the nasal mucous membrane.

If milder measures do not avail, you can wrap a piece of cotton on a steel carrier, dip it into one of these acids, and carry it up and through the nasal passage, following particularly the lower meatus, or the inner passage of the middle turbinated body. I think, to be prudent, you had better cover one side of the applicator with vaseline or oil, using the monochloroacetic or other acid on one side only. The monochloroacetic acid acts somewhat curiously; it produces a slough, but the slough does not come away until the mucous membrane beneath is so far healed that there is no danger of adhesions. Another acid used by a number of specialists in this city with a very liberal hand, is chromic acid, and I may say that, on the whole, this is one of the best agents we have for producing a cauterizing effect, and if used properly is not followed

by unpleasant results. But try your patient. Do not use too much of the acid at once; do not get the poisonous effects from absorption as occasionally occurs when used too freely. I have never been troubled with symptoms of poisoning, but, unless care is used, it is not impossible for them to take place, as a portion of the acid employed may not come in contact with the soft tissues, and may not therefore be entirely neutralized.

When, then, monochloracetic acid fails, I believe chromic acid to be the next best for freeing the obstruction of the nose, especially when there is beginning hypertrophy of the turbinate bodies. Any ordinary carrier—the simplest of all being a piece of copper wire flattened and bent at one extremity—will answer, usually, to make these applications. Occasionally, however, where it is desirable to make the contact far back in the nasal passages, and where the anterior and middle portions of the nasal chambers are not very open, it is advisable to make use of a shortened McCoy's applicator, which enables one to apply the chromic acid at any particular point, without risk of touching neighboring surfaces. Sometimes the obstruction is due in part to a chronic inflammatory condition with thickening of the turbinated bodies, and in part to deviation of the septum. Occasionally the obstruction from thickened turbinated bodies may be overcome, and the patient still complains of the nose being occluded. In these instances, and when the septum is obviously the cause of the occlusion, a suitable operation must be performed for the removal of the offending portion of it.

Some years ago there were physicians who asserted that one of the best agents for removing deviation of the septum and thickening of the turbinated bodies was the galvano-cautery, but others professed to get only bad results from it; they said that it set up otitis or erysipelas, and did untold harm by producing adhesions between adjacent parts. From my present standpoint I believe the latter class did not employ a good instrument, or did not know how to use it. I have never excited erysipelas or otitis with suppuration by this method, and I believe thoroughly in the method in very many and suitable cases. The use of the cautery, properly applied, after the diseased parts have been anesthetized with cocaine, is attended with neither pain nor more than very slight bleeding, as a rule. Bad results do not follow. Of course, I am not prepared to affirm that bad results cannot follow the use of the cautery, but in my hands I have yet to notice anything worse than temporary adhesions thus produced in very narrow nasal passages in which almost any cauterizing agent would be followed by similar bad results, with the single exception of monochloracetic acid. The cautery is objected to by some now-a-days on account of the inconvenience and trouble in using it. Such an objection is occasionally real and should be attended to, but in the offices of many physicians this objection is no longer valid since the wide-spread introduction of storage batteries. Usually, when I find a septum with a prominent deviation anteriorly, I take a Jarvis's or Weir's cutting forceps and, in a few minutes, after cocaine has been applied, cut away as much tissue as is required to relieve obstructed breathing from this source. This method, in many instances, is better than the use of the saw, for you can stop when you want to: whereas, when you begin to excise a piece with the saw you must go all the way through, or else

you leave a strip or plate of tissue half removed and half attached, which keeps up bleeding, and is a source of discomfort until it is removed entirely. The cartilage nippers are a little more tedious to use than the saw, but they are often preferable. Of course, if you want to have every septum present a surface as straight as the walls of a room, you will be disappointed, unless you attempt to do unnecessary and injurious work. Bear in mind that, in the human family at least, a somewhat deviated septum is the rule, and by no means the exception. Neither the saw, the drill, nor any other instrument can therefore be relied upon to bring about an *impossible result*. The saw is an excellent instrument for many cases. I have used it and shall continue to use it whenever I believe its use is indicated. It has, however, its drawbacks. You cannot saw around a corner; the saw must go straight ahead. With it you cannot take away more tissue here and less there; and you cannot always stop when you may want to; but must go on and remove the piece and take it out. Suppose the patient is weak, and there is more bleeding than is desirable, yet you must go on with the operation. Despite many advantages that the saw undoubtedly possesses, it is in the hands of a very few—like the trephine in the hands of a few—raised to the pedestal of a “cure-all.” In view of my opinions previously expressed, the error of this extreme view must be obvious. Whenever the means described fail to relieve intranasal obstruction, we may have recourse to the trephine. Having a battery of sufficient power, get a nasal trephine and, in cases demanding it, bore one or more holes through or along the projecting spurs of the septum. The ridges which remain after the use of the trephine may be pared down with suitable scissors, with nippers, or even at times with the snare. The operation by means of the trephine may occasion quite smart hæmorrhage, and you may wish, after performing it many times successfully, that on some special occasion you had been content with a means less brilliant, but also less liable to unpleasant consequences. Yet the trephine is an excellent instrument and, in the hands of a skillful manipulator, not likely to do harm.

It must be borne in mind that, in order to use the trephine satisfactorily, you must be provided with a suitable battery, and one proper for use in connection with this instrument is quite expensive, and requires a considerable space, in or out of the office, for its location. Moreover, an electric motor, a handle, stand, and trephines of different sizes are essential. All this apparatus is very well for one to possess who meets with cases requiring its use often, as a prominent specialist in throat and nasal affections may. Not so, however, for the general practitioner, who may not have occasion to employ a trephine once in a lifetime, as a matter of necessity, and because other means fail in producing good results. In my experience I have seen very few cases in which I considered the employment of the trephine necessary, meaning by this term that an equally good result could not be obtained by other and simpler means. It is not, in my judgment, the best instrument to use in many instances, and in a very large proportion of cases both it and other operative procedures are uncalled for; and, instead of curing the patient, merely palliate symptoms for a while, and later on are shown to have no marked remedial effect.

If you have a case of nasal polypi, one way to get rid of them is by the

forceps. But it is not a very pleasant method. You may snare them off with the cold wire snare, or with the galvano-cautery wire. The snare is a pleasant means of removing them, but you must first use cocaine to prevent slight pain and uncontrollable sneezing. The galvano-cautery or cold wire may also be employed in treating posterior hypertrophies of the turbinated bodies, but it may prove easier to try chromic acid.

Some years ago some physicians professed to be able to cure nasal catarrh by applications of strong solutions of nitrate of silver to the naso-pharynx and posterior nares. I was once a victim of this method of treatment. The application of nitrate of silver relieved me for twenty-four hours, but afterward the catarrh returned as bad as previously. The silver salt had simply placed a film over the secreting surface and given relief for a while, or until the film came away. Then there all sorts of quack cures for catarrh. Some of these remedies which are advertised possess certain curative properties for certain cases, but it is not safe to use them unless their composition has been determined by analysis, in which case you may as well prescribe your own mixture, which will cost the patient much less and do, of course, just as much good. When a quack remedy gets a hold in the market it is well to learn what its principal ingredients are, since it may prove of some use to you in practice. But do not prescribe a quack article. Formulate a remedy of your own to use in its place. While all sorts of quack catarrh remedies are to be found in the shops—some from London, some from Paris and some of home-make—yet it will be observed that they do not cure cases of nasal polyp, septal deviations, ulcers, etc. So-called catarrh-remedies, seen mentioned in advertisements, are usually injurious in a greater or less degree to the patient, although occasionally they are employed in cases in which it is possible for them to do some good.

After all that has been said it must be admitted that changes in the climate, filth, sewer gas, malaria and what not have much to do with the production of catarrh. *Even Fifth Avenue is so filthy half the time as to make us feel disgusted with it.* Catarrh in many cases is nothing but a filth disease, and Mackenzie, of London, says that that is the chief cause of catarrh in the United States. He says there is no such thing as scavenging in this country. This is quite true of some places, but there are towns where catarrh prevails which are as well scavenged as any in England. But it is not New York city. There are cases of catarrh in this city which are undoubtedly kept up by filth, by irritating particles floating in the atmosphere, carried hither and thither by the winds, such as horse-dung, and fermenting, putrefying substances. Do not consider, then, that any specialty by itself will control the situation. The treatment of the nose may be well enough where it is indicated, but, where filth is the cause of catarrh, something more must be done.

---

Bartholow's prescription for asthma is: R Potassii iodidi ʒiij; Extracti belladonnæ fluidi fʒj; Extracti lobeliæ fluidi fʒij; Extracti grindeltæ fluidi fʒss; Glycerini, Aquæ destilla æ, aa fʒiss. Misc. Sig.: A tablespoonful every two, three or four hours, as necessary.



## CORRESPONDENCE.

## TREATMENT OF JAUNDICE.

*Editor Index:*—I have tried many things for the relief of functional jaundice; many drugs highly lauded by "authorities" have in my hands proven of no value; others have seemed to arrest the progress of the trouble and to aid in slow return to health. The most efficient combination I have ever found is as follows:

R	Sodii phosphatis	3ij
	Aquæ pur.	f3j
Misce, et ft. solut. et adde :		
	Tinct. nucis vomicæ	f3ij
	Tinct. gentian	ad f3iv

Misce. Sig.: Teaspoonful three times a day.

This will often give relief where every other thing has failed to do so. If it prove too laxative, a smaller dose may be administered; but, under ordinary circumstances, the dose here given will be all right.

The same formula may be given with advantage in "biliousness," or trouble with the duodenum, or even in certain forms of dyspepsia.

Yours, sincerely,

L. E. SAMUEL, M. D.

## ST. JOSEPH MEDICAL SOCIETIES.

*Dear Dr. Lanphear:*—You said in your January number that "St. Joseph has no medical societies." This, my dear doctor, does the St. Joseph profession an injustice.

There are two well-attended medical societies in this city, and have been almost continuously since the war, the North-western Medical Society, and the St. Joseph Medical Society; the former meeting quarterly, the latter weekly. We live up strictly to the *code*, too.

Yours truly,

W. I. HEDDENS, M. D.

St. Joseph, Mo., April 16, 1889.

## AN EXCELLENT NERVE TONIC.

*Editor Index:*—In the treatment of nervous and hysterical women who are weak and anæmic (or who need "building up," as the saying is), I find this combination a most serviceable one:

R	Extracti sambul.	
	Ferri sulphatis exsicc.	aa 3ss
	Asafœtidæ	3j
	Acidi arseniosi	gr. j
	Extracti belladonnæ	gr. iij

Misce et d. in pil. (vel capsul.) No. xxx. Sig.: One or two pills one hour after each meal.

It acts speedily in restoring lost energy, or in nervous exhaustion—neurasthenia.

thenia—as well as in hysteria or simple anæmia. Hoping others may benefit by my experience, I am

Respectfully yours,

WM. ALLEN, B. S., M. D.

[NOTE.—This formula is almost the same as that of Warner's "Pil. Sumbul. comp.", designed by Prof. Goodell, and advertised in this number of the INDEX, on insert.—ED. INDEX.]

## CAUSES OF PROFESSIONAL DISINTEGRATION.

*Editor Index:*—With your kind permission, I will occupy a little portion of your journal in citing some of the causes which lead to bad results in the ranks of our profession.

To treat the subject intelligently, it will be necessary to define the heading of my article. "Professional" means, commonly speaking, anything which pertains to a profession; somewhat egotistically when physicians speak of themselves they say they are *the* profession. "Disintegration" is the tearing asunder of the component parts of anything which has the semblance of unity or solidification. It will be accepted as a truism that there is no class of men who need the benefits of unity and concentration of effort more than do physicians—and their mission being that of relieving human suffering, the members of the medical profession should exhibit a loving, tender, compassionate feeling for each and every honest brother of "the profession" as well as for the generality of human kind; in other words, they should constantly resist the tendency toward "professional disintegration."

Now I ask my fellow-practitioners: Are these traits extant in the "rank and file" of the physicians of this (or any other) country to-day? You dare not answer! You know full well that they do *not* exist in the medical profession; but, on the contrary, you do know that there are jealousies, petty warfare, intrigues and falsehoods upon every hand. There are, to be sure, in our profession good men, born of noble instincts and kind, with ambitions laudable and worthy; but the vileness that permeates the moral atmosphere, emanating from the so-called professional courtesies of to-day, soon vitiates and prostrates all such, and soon they begin their double life of being interested in a mission of mercy and love upon the one hand and of villification of professional brethren upon the other. O, ye hypocrites!

No wonder the public underestimates the position of members of the medical profession, or fails to rank medicine among the sciences. We are relegated to the rear because of our own faults and inconsistencies; this may partly be due to faulty education and false teaching, but more is due to our professional clannishness and selfishness, and through gross ignorance in banding ourselves into "schools" of medicine. There seems to be a want of understanding as to the meaning of the term "regular," and as to when and where it may be used. The word "regular" should be applied to those physicians who are gentlemanly in their deportment, extreme in nothing, holding to no exclusive dogma, and depending solely upon their merit to bring them patients and money—not the associates of whores, or worse: *practising abortion.*

The professional man must stand upon his record. I call personally to some readers of the INDEX when I say: Rise up and show your hands! If they have the mark of the abortionist upon them, step to the rear! You have made a mistake in your understanding of what a medical man should be; you must cleanse your hearthstones and that right thoroughly—if not, trouble awaits you; if not, I can promise to furnish some sensational reading. Facts and figures do not lie; and I may use them to place some *highly ethical* men in Kansas City in an unenviable light. It has been said that "it is the fellow that

don't get caught that cuts the widest swath in the abortionists' field"—it is equally true that some such fellows sometimes occupy very prominent places. I may start after some of these with *facts*, and if so, those facts will indeed be "stubborn."

DR. J. W. McBETH.

1803 Locust St., Kansas City, June 6, 1880.

### TYPHOID FEVER.

The term typhoid, literally, means like typhus. It has also been termed enteric, gastric, or pythogenic fever. It is not, like typhus, markedly contagious; and it seems to be generated from bad drains, sewage gas, or fluids contaminated by sewage.

The patient is attacked by the disease more insidiously than in typhus. There is no abrupt departure from health to disease. There may be a slight premonitory chill, followed by inability or aversion to work. The man feels out of sorts, and attends listlessly to his business; the child inclines to rest and not to play with its toys. Then lying in bed is found to be a welcome relief, and there is no inclination to leave it. At the early stage of typhoid, as well as during the whole continuance of the fever, the thermometer is found to be of great value. Thus, although the pulse indicates little deviation from health, it will be found that the evening temperature is higher than the morning by about a degree, 99.9° morning, 100.5° evening; and this characteristic of a high evening temperature compared with that of the morning is retained throughout the disease. The temperature rises gradually, and may reach 105° toward the end of the first week; after which it again slowly falls again to reach the normal state, by a series of oscillations between the morning and evening temperatures, which may continue for an indefinite time, extending even to weeks after the other symptoms have gone. The general symptoms of fever as present are thirst, loss of appetite; and headache, the tongue loses the color of health and becomes small and dry, having a pale, brownish-yellow fur, with red tip and edges.

About the seventh or eighth day of the fever small rose-colored spots sometimes, but not invariably, appear on the abdomen, chest or limbs, being situated on normal, uncolored skin. They may be few in number, or numerous. Their form is circular, and they last three days, disappearing completely under pressure to reappear when that is removed. Fresh crops succeed those previously formed until the termination of the fever. They are rarely seen after the thirtieth day, unless a relapse occurs.

The abdomen becomes somewhat enlarged, and on careful pressure over the right iliac fossa a gurgling sound is generally heard, with distinct wincing or even actual pain. Even when delirium is present this wincing is usually seen by looking at the face.

Diarrhœa is almost always present. In some cases the stools are numerous, in others only two or three in a day. The color of stools is characteristic, and is best described as being like that of pea soup. Occasionally they are tinged with blood. With diarrhœa there may be marked distention of the abdomen and tympanitis.

The disease may end in recovery or death. If the former, after the twenty-first day the severity of the symptoms abates, and gradual convalescence ensues. The temperature falls, presenting a gradual approximation to that of the evening and that of the morning. If the latter, the patient may be exhausted and worn out by the disease, or fatal hæmorrhage may ensue, or peritonitis from perforation through the ulcerated spots on the intestines. As in typhus, acute inflammatory disease of the chest may complicate matters, and be the more

**SOLUBLE. RELIABLE. PERMANENT.**

**WM. R. WARNER & CO.'S**

# SOLUBLE COATED GRANULES

The following list comprises formulae of great value to the busy practitioner.

The coating of the following Granules will dissolve in  $\frac{1}{2}$  minutes.

**Acid Arsenious**, 1-20, 1-30 and 1-50 gr.  
Medical properties.—Antiperiodic, Alterative.  
Dose, 1 to 2.

**Aconitia**, ..... 1-60 gr.  
Med. prop.—Nerve Sedative. Dose, 1 to 2.

**Alecin of Strychnine**, .....  
Med. prop.—Tonic, Laxative. Dose, 1 to 2.

**Alecin of Strych. et Bellad** .....  
Med. prop.—Tonic, Laxative. Dose, 1 to 2.  
Alecin. 1-6 gr. }  
Strychnine. 1-60 gr. }  
Ext. Belladon.,  $\frac{1}{2}$  gr. }

**Atropine**, ..... 1-100 gr.  
Med. prop.—Anodyne. Dose, 1 to 2.

**Atropinæ Sulph.**, ..... 1-60 gr.  
Med. prop.—Anodyne. Dose, 1 to 2.

**Caulophyllin**, ..... 1-10 gr.  
Med. prop.—Emmenagogue. Dose, 1 to 4.

**Codala**, .....  $\frac{1}{2}$  gr.  
Med. prop.—Anodyne, replacing Morphia without the usual disagreeable after effects produced by the latter.

**Corrosive Sublimate**, 1-12, 1-20, 1-40, and 1-100 gr.  
Med. prop.—Mercurial Alterative. Dose, 1 to 2.

**Digitallin**, ..... 1-60 gr.  
Med. prop.—Arterial Sedative. Dose, 1 to 2.

**Elaterium**, (Clutterbuck's) ..... 1-10 gr.  
Med. prop.—Diuretic, Hydragogue Cathartic. Dose, 1 to 2.

**Ext. Belladonna**, (English) .....  $\frac{1}{2}$  gr.  
Med. prop.—Anodyne. Dose, 1 to 2.

**Ext. Ignatia Amara**, .....  $\frac{1}{2}$  gr.  
Med. prop.—Nerve Sedative. Dose, 1 to 2.

**Ext. Cannabis indica**, .....  $\frac{1}{2}$  gr.  
Med. prop.—Anodyne. Dose, 1 to 4.

**Ext. Hyoscyam**, (English) .....  $\frac{1}{2}$  gr.  
Med. prop.—Nerve Stimulant. Dose, 1 to 2.

**Ext. Nuc. Vomica**, .....  $\frac{1}{2}$  and  $\frac{1}{4}$  gr.  
Med. prop.—Nerve Stimulant. Dose, 1 to 2.

**Gallesmin**, .....  $\frac{1}{2}$  gr.  
Med. prop.—Emetic, Diuretic, Cathartic. Dose, 1 to 2.

**Hyoscyamia**, ..... 1-100 gr.  
(Crystal Pure Alkaloid.)  
Med. Prop. Anodyne, Soporific. Dose, 1.

**Leptandrin**, .....  $\frac{1}{2}$  gr.  
Med. prop.—Cathartic. Dose, 1 to 4.

**Mercury Prot. Iodid.**, .....  $\frac{1}{2}$  gr.  
Med. prop.—Alterative. Dose, 1 to 4.

**Mercury Prot. Iodid.**, .....  $\frac{1}{2}$  gr.  
Med. prop.—Alterative. Dose, 1 to 2.

**Mercury Prot. Iodid.**, .....  $\frac{1}{2}$  gr.  
Med. prop.—Alterative. Dose, 2 to 4.

**Mercury Iodide Red.**, ..... 1-16 gr.  
Med. prop.—Alterative. Dose, 1 to 2.

**Morphinæ Sulph.**, ..... 1-20 gr.  
Med. prop.—Anodyne.

**Morphinæ Sulph.**, ..... 1-10 gr.  
Med. prop.—Anodyne. Dose, 1 to 2.

**Morphinæ Sulph.**, .....  $\frac{1}{2}$  and  $\frac{1}{4}$  gr.  
Med. prop.—Anodyne. Dose, 1 to 2.

**Morphinæ Sulph.**, .....  $\frac{1}{2}$  and  $\frac{1}{4}$  gr.  
Med. prop.—Anodyne. Dose, 1 to 2.

**Podophyllin** ..... 1-10,  $\frac{1}{2}$ ,  $\frac{1}{4}$ ,  $\frac{1}{8}$  and  $\frac{1}{16}$  gr.  
Med. prop.—Cathartic. Dose, 1 to 4.

**Podophyllin Comp.**, .....  
Med. prop.—Cathartic and Tonic. Dose, 1 to 2.  
Podophyllin  $\frac{1}{2}$  gr. }  
Ext. Hyoscyami  $\frac{1}{2}$  gr. }  
Ext. Nuc. Vomica 1-16 gr. }

**Strychnine**, 1-16, 1-20, 1-30, 1-32, 1-40, 1-60.  
Med. prop.—Nerve Stimulant, Tonic. Dose, 1 to 2.

**Strychninæ Sulph.**, ..... 1-32 gr.  
Med. prop.—Tonic. Dose, 1 to 2.

**Veratrinæ Sulph.**, ..... 1-12 gr.  
Med. prop.—Powerful Topical Exsiccant. Dose, 1.

**Zinc Phosphide**, .....  $\frac{1}{2}$  and  $\frac{1}{4}$  gr.  
Med. prop.—Tonic. Dose, 1 to 2.

# INGLUVIN

From the VENTRICULUS CALLOSUS GALLINACEUS.

A powder: prescribed in the same manner, doses and combinations as Pepsin, with superior advantages

**A SPECIFIC FOR VOMITING IN PREGNANCY.**

—IN DOSES OF 10 TO 20 GRAINS.—

**W. R. WARNER & CO.'S**  
**Soluble Sugar-Coated**  
**PHOSPHORUS PILLS.**

(Prepared for Physicians' Prescriptions.)

Specify Warner & Co.'s for full therapeutic effect.

**Pil: Phosphori, 1-100 gr., 1-50 gr. or 1-25 gr. (W. R. Warner & Co.)**

Dose—One pill, two or three times a day, at meals.

THERAPEUTICS—When deemed expedient to prescribe phosphorus alone, these pills will constitute a convenient and safe method of administering it.

**Pil: Phosphori Co. (W. R. Warner & Co.)**

R Phosphori, 1-100 gr; Ext. Nucis Vomice,  $\frac{1}{4}$  gr.

Dose—One or two pills, to be taken three times a day, after meals.

THERAPEUTICS—As a nerve tonic and stimulant this form of pill is well adapted for such nervous disorders as are associated with impaired nutrition and spinal debility, increasing the appetite and stimulating the digestion.

**Pil: Phosphori cum Nuc. Vom. (W. R. Warner & Co.)**

R Phosphori, 1-50 gr; Ext. Nucis Vom.  $\frac{1}{4}$  gr.

Dose—One or two pills, three times a day, at meals.

THERAPEUTICS—This pill is especially applicable in *atonic dyspepsia*, depression, and in exhaustion from overwork, or fatigue of the mind. PHOSPHORUS and NUX VOMICA are *sexual stimulants*, but their use requires circumspection as to the dose which should be given. As a general rule, they should not be continued for more than two or three weeks at a time, one or two pills being taken three times a day.

**Pil: Phosphori cum Ferri et Nuc. Vom. (W. R. Warner & Co.)**

R Phosphori, 1-100 gr; Ferri Carb. 1 gr; Ext. Nucis Vom.  $\frac{1}{4}$  gr.

Dose—One or two pills may be taken two or three times a day, at meals.

THERAPEUTICS—This pill is applicable to conditions referred to in the previous paragraph as well as to anæmic conditions generally, to sexual weakness, neuralgia in dissipated patients, etc., and Mr. Hogg considers it of great value in atrophy of the optic nerve.

**Pil: Phosphori cum Ferro et Quinia. (W. R. Warner & Co.)**

R Phosphori, 1-100 gr; Ferri Carb. 1 gr; Quinise Sulph. 1 gr.

Dose—One pill to be taken three times a day, at meals.

THERAPEUTICS—PHOSPHORUS increases the tonic action of the iron and quinine, in addition to its specific action on the nervous system. In general debility, cerebral anæmia, and spinal irritation, this combination is especially indicated.

**Pil: Phosphori cum Ferro et Quinia et Nuc. Vom. (W. R. Warner & Co.)**

R Phosphori, 1-100 gr; Ferri Carb. 1 gr; Ext. Nucis Vom.  $\frac{1}{4}$  gr; Quinise Sulph. 1 gr.

Dose—One pill, to be taken three times a day, at meals.

THERAPEUTICS—The therapeutic action of this combination of tonics, augmented by the specific effect of Phosphorus, on the nervous system, may readily be appreciated.

PREPARED BY

**WM. R. WARNER & CO.**

Manufacturers of Reliable and Soluble Coated Pills,

**PHILADELPHIA.**

**NEW YORK.**

Preparations supplied upon Physicians' Prescriptions by Leading Druggists.

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# ELEGANCE IN MEDICATION

## WM. R. WARNER & CO.'S

### EFFERVESCENT SPECIALTIES.

**ANÆMIA.                      USE                      CHLOROSIS.**  
EFFERVESCENT

## CHALYBEATE (WARNER & CO.) SALINE

(Fertile Saline Effervescens, Dr. Means.)

**R** 1 gr. Citro-tartrate of Iron and  
20 grs. of Soda.  
In each teaspoonful.

**DOSE**—A heaping teaspoonful of the salt, containing 1 gr. Citrotartrate of Iron and 20 grs. of Soda, to be taken in a glass two-thirds full of water and drunk while effervescing. If a more decided effect is desired, warm instead of cold water may be used. In all cases this draught should be taken but once or twice a day, and then on an empty stomach, preferably before breakfast. No restrictions as to diet. One or two Pil. Digestiva (W & Co.) may be taken at noon, before eating, as a dinner pill.

**LAXATIVE.                      USE                      APERIENT.**  
EFFERVESCENT

## APERIENT (WARNER & CO.) SALINE

A pleasant and excellent aperient and refrigerant very acceptable to the stomach. Given in all cases indicating the need of an active aperient, and to be given daily to all patients under treatment with Dosimetric therapeutics. (See Wm. R. Warner & Co.'s Dosimetric Granules.)

**DOSE**—One tablespoonful in half a glass of water.

**A SPECIFIC IN NEURALGIA.**

USE  
EFFERVESCENT

## ANTALGIC (ANTIPYRINE) SALINE

**R** Antipyrine, 4 grs.  
Salicylate of Soda, 4 grs.  
In each dessertspoonful.

**DOSE**—One dessertspoonful, to be repeated as often as the case may require. Almost a specific in Neuralgic Headache. Prescribed in all cases where Antipyrine is used, with better and more certain results.

Private Formula of Effervescing Salts made to order in quantities of not less than three dozen.

## WM. R. WARNER & CO.

**PHILADELPHIA.**

**NEW YORK.**

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ORIGINATORS AND MANUFACTURERS OF

Bromo-Soda, Bromo-Potash, and a full line of reliable effervescent salts

Kindly specify Warner & Co. when ordering or prescribing.

**FOR A Treatise on Effervescing Salts sent upon request.**

For Sick and Nervous Headache, use

EFFERVESCENT

## BROMO (WARNER & CO.) SODA

Each teaspoonful contains

Bromide Soda,	-	-	-	30 grs.
Caffein,	-	-	-	1 gr.

*When the Potash Salt is preferred, Physicians  
can prescribe*

EFFERVESCENT

## BROMO (WARNER & CO.) POTASH

Each teaspoonful contains

Bromide Potash,	-	-	-	20 grs.
Caffein,	-	-	-	1 gr.

**SEDATIVE.                      USE                      ANODYNE.**

EFFERVESCENT

## TRIPLE (WARNER & CO.) BROMIDES

Useful in Headaches, Nervousness,  
Sleeplessness, Migraine, Diurnal  
Epilepsy, Etc.

**DOSE**—A teaspoonful containing

**R** Sodium Brom. grs. 15.  
Potassium Brom. grs. 10.  
Ammonium Brom. grs. 5.  
Three times daily.

Administer one teaspoonful in half a glass of water Drink while effervescing. In Diurnal Epilepsy take a dessertspoonful three times daily until sense of taste is partly destroyed. After this reduce the frequency of dose, but keep the fauces in a benumbed condition.



The Therapeutic Value of the following selected Recipes are respectfully submitted to the Medical Profession. Coating Soluble in 4½ Minutes.

Please specify (Warner & Co.) when ordering or prescribing.

## PIL: CHALYBEATE COMP.

(WARNER & CO.)

COMPOSITION OF EACH PILL.

℞ (Chalybeate Mass.)

Carb. Protoxide of Iron, gr. 2½.

Ext. Nuc. Vom. gr. ¼.

DOSE.—1 TO 3 PILLS.

Most advantageously employed in the treatment of Anaemia, Chlorosis, Phthisis, Scrofula, Loss of Appetite, etc.

## PIL: ANTISEPTIC.

(Specify WARNER & CO.'S)

Each Pill contains

℞ Sulphite Soda, 1 gr.

Salicylic Acid, 1 gr.

Ext. Nuc. Vomica, ¼ gr.

DOSE—1 to 3 Pills.

Pil. Antiseptic is prescribed with great advantage in cases of Dyspepsia attended with acid stomach and enfeebled digestion following excessive indulgence in eating or drinking. It is also useful in Rheumatism.

## PIL: ANTISEPTIC COMP.

(Specify WARNER & CO.'S)

Each Pill contains

℞ Sulphite Soda, 1 gr.

Salicylic Acid, 1 gr.

Ext. Nuc. Vomica, ¼ gr.

Powd. Capsicum, 1-10 gr.

Conc't Pepsin, 1 gr.

DOSE—1 to 3 Pills.

Pil. Antiseptic Comp. are prescribed with great advantage in Dyspepsia, Eructations after Eating, Indigestion and malassimilation of food.

## PIL: SUMBUL COMP.

(Specify WARNER & CO.'S)

(DR. GOODELL.)

Each containing

℞ Ext. Sumbul, 1 gr.

Asafetida, 2 gra.

Ferri Sulph. Exs. 1 gr.

Ac. Arsenious, 1-30 gr.

Dose, 1 to 2 pills.

"I use this pill for nervous and hysterical women who need building up." The combination of this Pill is used with advantage in conjunction with Warner & Co.'s Bromo Soda. One or two Pills taken three times a day.

## PIL: ALOIN, BELLADONNA AND STRYCHNINE.

(Specify WARNER & CO.'S)

℞ Aloin, 1-5 gr.

Strychnine, 1-60 gr.

Ext. Belladonna, ¼ gr.

Medical Properties, Tonic, Laxative.

Dose, 1 to 2 pills.

Try this pill in Habitual Constipation.

## PIL: LAPATICA.

(Specify WARNER & CO.'S)

Same as Aloin, Strychnia and Belladonna, with 1-16 gr. of Powdered Ipecac added.

PREPARED BY

**WM. R. WARNER & CO.**

MANUFACTURERS OF

**RELIABLE SOLUBLE COATED PILLS**

**PARVULES, GRANULES, ETC., ETC.**

**PHILADELPHIA.**

**NEW YORK.**

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immediate cause of death. Again death may occur from inflammation arising from absorption of fetid matter from ulcerated bowels.

Characteristic traces of the disease are found after death, and are pathognomonic of typhoid fever. These are altered appearance of Peyer's patches and the adjacent mesenteric glands, and the lesions are most distinct in the group of glands nearest the ileo-cæcal valve. If the disease terminates fatally before the fever has advanced far, we may find the mucous membrane over the glands simply congested and swollen. If, as most commonly happens, death results at a later stage, this congested appearance is succeeded by the detachment of the slough as a whole, or molecularly, leaving ulceration with ragged, irregular edges, varying in size from a pea to a florin. This ulceration may even go on to a perforation. The mesenteric glands in the neighborhood of the patches are enlarged and softened.

Typhus and typhoid fever are both distinguished from febricula and relapsing fever by the longer continuance and course of the fever, along with the characteristic eruptions, and from one another by the following symptoms:

In typhus the rash is mulberry, mottled and continuous, going on to ecchymosis, and hence resisting pressure. In typhoid the rash consists of rose-colored spots, fading in three days and giving place to a fresh crop. These spots disappear on pressure, and are not surrounded by mottled skin.

In typhus the rash appears from the fifth to the eighth day. In typhoid between the seventh and the fourteenth.

In typhus there is no diarrhœa. In typhoid diarrhœa is common, and the stools are of a pea-soup color.

In typhus the symptoms are generally cerebral; hence disquietude going on to coma, with an intermediate stage of delirium. In typhoid the symptoms are abdominal; hence diarrhœa, and pain on pressure over right iliac fossa. In typhus we see contracted pupils, muttering delirium, preceded by disquietude and uneasy motion and congested conjunctivæ. In typhoid we see dilated pupils, delirium preceded by apathy and somnolence, and no congestion of the conjunctivæ.

These fevers also differ in their duration, a crisis being reached in typhus on the fourteenth day of the fever; while in typhoid, not a crisis, but a lysis, is reached on the twenty-first day. Typhus may occur at any age, and is commonest amongst the poor. Typhoid is generally a disease of youth or adult life, is rare after forty, and it shows no partiality to the poor.

J. H. FARRIS, M. D.

Cabool, Mo., July 1, 1889.

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## SOCIETY PROCEEDINGS.

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### THE GOLDEN BELT DISTRICT MEDICAL ASSOCIATION OF KANSAS.

The regular quarterly meeting of the Golden Belt District Medical Association of Kansas was held at City Hall, Abilene, July 4, 1889.

#### NERVOUS DISEASES WITH APPLIED ELECTRICITY

was the subject of a paper read by DR. J. M. FELTY, of Abilene. The doctor brought out some interesting facts, Drs. Daugherty, De Wees, Hays and King taking active part in the discussion.

DR. P. DAUGHERTY, of Junction City, read a very interesting and valuable paper on

SURGERY, WITH SPECIFIC REFERENCE TO ANTISEPTICS, DISLOCATIONS AND FRACTURES.

After briefly pointing out some valuable facts relative to the first two, he then dwelt at some length and fullness upon the latter, describing his manner of using the "starch bandage" in the various forms of fractures, which he demonstrated very creditably by citing cases, and was very enthusiastic in advocating this mode of treatment. In the discussion the doctor was very highly complimented, and well sustained his position in answer to various queries propounded to him. His paper was very fully discussed by Drs. Crowley, Felty, De Wees, Hays, Browne and Hazlett.

DR WM. B. DE WEES, of Salina, read a very unique and able paper on

RELAXATION AND MANAGEMENT OF THE PERINEUM DURING PARTURITION.

After giving a resumé of the various methods practised and advised by those who teach and write on this subject, its history, etc., the doctor called attention to the various classes into which all cases of labor are divided, and then gave the method of management which proved most successful in his hands. The chief means employed by him being hot water enema, 120° F., extreme fomentations of hot water 120° to 130° F., with inunctions of lard, friction by hooking the thumb or two fore-fingers over the fourchette and posterior commissure, drawing it back as far as possible toward the coccyx during the period of pains; blood-letting and chloroform, the former in plethoric, the latter in anæmic cases. The ingenious application of both hands in exerting pressure, which he illustrated with several cuts—this being entirely original—and finally the skillful use of the forceps to aid in "turning out" the head. The doctor was highly complimented on his effort, and well sustained in his views by all who took part in the discussion, viz.: Drs. Felty, Austin, Daugherty, Hodge, King, Ross, Hays and Waterman.

The subject for general discussion being announced by the chair, viz.:

ENLARGED PROSTATE GLAND WITH RETENTION OF URINE,

was opened by Dr. Ross, who was followed by Drs. Felty, de Wees, Hays, King and Austin. The Association adjourned to meet at Salina, Kansas, in October.

### POTTAWOTOMIE COUNTY MEDICAL SOCIETY.

*Editor Kansas City Medical Index*:—The regular physicians of Pottawotomie county met in Wamego on the 15th day of May last, and organized a county medical society. The following officers were elected: Dr. W. F. Richardson, of Havinsville, President; Dr. George Miller, of St. Mary's, vice-President; Dr. J. M. Jennings, of Wamgo, Secretary. Constitution and by-laws were adopted, and a fee-bill arranged.

I will send you all the papers of interest for publication.

Respectfully, J. W. WILHOIT, M. D.

The *Hahnemannian* (homœopathic) says that Dr. Wyss employs the ethereal tincture of the perchloride of iron in doses of ten drops three times a day, in the treatment of chronic Bright's disease. He reports a large number of cases so treated, in more than half of which the albuminuria rapidly and completely disappeared.

## EDITORIAL.

## MEDICAL EDUCATION IN THE UNITED STATES.

In strange contrast were the remarks of two men, prominent in National Associations, recently delivered before the American Institute of Homœopathy and the American Medical Association; the one emanating from an ex-president of the Homœopathic National Society, Dr. O. S. Runnels, of Indianapolis—the other from Dr. W. W. Dawson, of Cincinnati, president of the “regular” Association. The peculiarity in the two addresses lies in the fact that the general supposition among Regular physicians is that Homœopaths are in favor of a laxity in the requirements for the degree of Doctor of Medicine—a supposition which has naturally arisen by reason of Homœopathic antagonism to the formation of State Examining Boards not constituted exclusively of adherents of that doctrine—while Regulars are constantly crying out for an “advancement of the standard” of medical education.

In the Homœopathic meeting (Proceedings of the Annual Session of the American Institute of Homœopathy, Lake Minnetonka, June 24 to 28, 1889), when the matter of medical education came up for discussion, Dr. Runnels, as chairman of the committee, favored the formation of State Boards of Examiners, and then said, in substance, that in America there are one hundred and twenty eight institutions legally qualified to issue medical diplomas. Among these colleges there is no such thing as uniform requirements for graduation. In far too many of them there is an undignified desire for large classes—a scramble for students, with an accordingly low standard, a short course, and an easy examination. The acquisition of a diploma is made as easy as possible. Continuing, he remarked: “The effect of all this is contagious, as well as vicious. The medical college idea is catching, and amounts almost to a mania. Every city of any size the country over is doing her best to support from one to a half-dozen of these institutions; and nests of doctors in multitudes of towns can be found who are even now contemplating the starting of other medical colleges. This has gone on in this country until it has become disgraceful. We have now one medical college to every one-half million of population; and one graduated doctor to every six hundred; while mountebanks, quacks, and pretenders of all sorts are allowed to go on with little hindrance and fatten on the gullibility of mankind. During the year just passed over 15,000 people were in attendance upon the lectures in this country as diploma-getters. In no other country on earth can the extent of this laxity be paralleled. All of which is an argument that reform is called for. The time has come when a stop must be put to this low-grade, debasing tendency in the medical education of our time. We do not want more medical colleges in this country, but better. There are now too many poorly-equipped infant industries of this kind. Not another one should be started in America for a hundred years. Frown upon and punish the men who attempt it.”

The speaker endorsed the plan of State Boards which give all the schools an equal showing.

Dr. Dawson (Proceedings of the American Medical Association, Newport, June 25, 1889), in his presidential address, said: "Whence are medical students to come? What facilities are now afforded, and what does the future promise for the education of our young men, the class from which the medical student, the 'coming doctor,' is to be selected? The answer to this question will give some comfort, we trust, to the pessimist, and soothe the restless and, at times, unreasonable critic. And now, as to our resources for this work.

"Every one traveling through the States—especially those of the West and South, and those situated in the far away mountains, and on the Pacific—must be impressed with the onward march of public instruction, the gradually increasing general intelligence, and the vast sums that are annually expended for the education of the people. Public school buildings, by their size, adaptation and attractive surroundings, give an impression which the most skeptical must feel, a promise of the future which cannot be misread. From such as these, scientific medicine must reap a share. Every teacher, every one connected with the examination of candidates for the medical degree, knows—and the knowledge is reassuring—that, year by year, the grade of the medical student is advancing, that the material out of which the practitioner is made is constantly growing better, becoming stronger; in other words, that the preliminary education of our students is steadily becoming more broad and comprehensive. I gave utterance to this view in an address which I had the honor of delivering to the State Medical Society of Ohio. Time I believe, has confirmed what I then said. This confirmation is seen in our graduates as they go forth to take up the line and battle of life. Are they not the equals of the graduates in other professions, in law and theology? As life advances, are they not the peers of any, in all the useful elements of true manhood? Are they not the citizens of best rounded characters, citizens most relied upon by their neighbors in foul as well as fair weather?

"Again, in addition to facilities already referred to, the most generous provisions are being made, all over our land, for institutions worthy to be called Universities. From these, graduates will emerge worthy to rank by the side of those bearing the prized degrees from Oxford, Cambridge, Paris, Heidelberg or Leipsic.

"In looking at this promising future, may we hope that, before another half-century closes, students from the old world will flock to this, to sit at the feet of the wisdom here installed? Is it too much to hope that, in the not far off future, the preliminary education of our students will be equal to that required in the best schools of the world?

"Defective as has been much of the material, yet have we not produced some marked results? Our best are equal to the best anywhere; mediocrity always and everywhere finds its own. The poor in medicine, the weak brother, however much we may deplore him, we have, like the poor, always with us. This is the lot of humanity in all lands, among all peoples, new or old. A word as to the physical qualities of 'the coming doctor.' Recently a distinguished

foreign traveler, in speaking of our educational facilities and national peculiarities, said: 'Students are much calmer than their colleagues in Europe. They don't at all trouble themselves about politics or affairs outside their line of duty, and, with the practical sense which animates the nation, they try to make the best use of their time. They fight no duels, and it is only for health and recreation that they take part in various sports and games.' These remarks apply with equal, in fact with greater, force to medical students. \* \*

"It is to the country schools, not to the city-bred, that medicine must look for many of her strong recruits. Cities too often emasculate—young men are vitiated by indulgence and vice before they become possessed of serious thoughts, before they realize the elements of a healthy, vigorous life. It is this country-bred, this excellent material which is, as we have seen, yearly growing better and better qualified to enter upon the duties of the profession. From these we must look for the men of distinction, the leaders of the future.

"At the last commencement of one of our western schools, '40 per cent. of the graduating class had been admitted on diplomas from literary or scientific colleges. The balance of the class had received from one to five years of academic or collegiate instruction.' This college is without endowment, depending entirely upon the learning, devotion and sacrifice of the Faculty.

"Our medical colleges now number a few more than one hundred. They may be classed as: (1.) Metropolitan, those in large cities. (2.) Medical colleges in less pretentious cities. (3.) Medical colleges in small cities. (4.) State medical colleges. For convenience, however, we may speak of them as Metropolitan and Provincial.

"Before speaking more definitely of our medical institutions, allow me to refer for a moment to the proposition that medical schools in our country have been developed by the labors, by the self-sacrifice of the profession. As previously stated, it may be said that everything in this country is endowed except medical colleges, schools for teaching medicine. Yes, all financial responsibilities have been and are assumed by the faculties; by men who give every hour not devoted to 'earning the guinea' to college work, and, in most instances, without pecuniary reward. It is only recently that the wise, the generous, the favorites of fortune, and a few of the States, have conceived the idea of endowing medical schools, institutions where medicine and surgery can be cultivated without the embarrassments of financial responsibility. In the presence of such facts, the work of the grumbler seems indeed ungracious.

"In our Metropolitan colleges, every physician may feel a just pride; their graduates, most of them, will compare favorably with those educated anywhere on this earth.

"The accomplished Dr. Senn, after a liberal experience with foreign schools, said: 'There is no question in my mind, that the average American student learns more in one month than the average German student in three. He learns more, not because he has better teachers or better facilities, but he makes better use of his time. I am satisfied that in our last graduating class, I had at least a dozen students who, after studying three years, would pass a brilliant examination in any English or German university. They would have



felt at home, even in a dress-coat, in Volkmann's Klinik passing their final examination.'

"Provincial schools do praiseworthy, yes, thorough work in training young men, not only in rudimentary branches, but in practical, clinical studies. Many supplement these by hospital attendance in the great cities, and by post-graduate courses. It is gratifying to know that these organizations are being established in all of the great medical centres.

"The advance in medical education is again most distinctly pronounced by a remark recently made by one of our distinguished fellows, an American-bred physician, of whose fame we are all justly proud. In a conversation, Dr. Battey said: 'When I began the practice thirty years ago, there was scarcely a graduate within fifty miles of my residence; now, however, there is hardly a practitioner in the same territory who is not a graduate, and, year after year, a portion of our young men leave home to avail themselves of clinical advantages, to obtain post-graduate instruction.' Could anything show more forcibly the conservative and steady growth of medical culture?

"Should they be established in small cities where clinical material is limited, where it must be comparatively scarce? Before answering this, it may be well to reflect upon the proposition, that in our own country, as well as elsewhere, great achievements have been made in the provinces, and not always under the shadow of the universities. One of the great operations waited for years for a metropolitan disciple—one to take it up—and that too, long after the provinces, at home and abroad had demonstrated its vital utility, its claim upon the scientific and skillful surgeon.

Here we have the views of the pessimist and the optimist; both are right and both are wrong. We have not too many colleges; the distribution of students is too unequal, and there is not that uniformity in requirements that is desirable—that is all. That there must be a difference in the education and accomplishments of graduates none can deny, under present circumstances; as long as there exist country towns and villages where physicians must be, there will be a demand for doctors of about the grade now "turned out" by the average medical college. The young man who intends to "do a country practice" cannot afford to become a Master of Arts before taking the degree of Doctor of Medicine; he cannot spend thousands of dollars to fit himself for a vocation which shall at best return him but a few hundreds annually. Therefore there must be colleges where one can graduate at a moderate expenditure of time and money.

The only solution of the difficulty must lie in the adoption of this plan: The various colleges of the country must enter into an agreement that at the conclusion of a two-years course at any school the degree of Bachelor of Medicine will be given to successful candidates for that degree. At the end of a four years course the degree of Doctor of Medicine shall be bestowed upon deserving students; those who may have taken the degree of M. B. may subsequently, if they so desire, complete the course and attain the degree of M. D. As the country develops and there arises a necessity for such an advancement of the standard, by mutual consent the period of compulsory attendance may be lengthened to three and five years respectively.

If this rule were adopted, as can very easily be done, the State Boards of Health would very quickly recognize the change, and to those who had received the degree of M. D. from respectable colleges would grant a license to practise *without examination*; while those holding the title M. B. would be compelled to pass an examination before licensing boards as now required of all M. D.'s in Virginia, Minnesota, and other states. All this is of easy accomplishment.

So far as "provincial" schools are concerned—they should be abolished. It is absurd to think of towns like Wichita, Topeka, Little Rock, Iowa City, Keokuk, Ft. Wayne, Ann Arbor or Quincy supporting schools other than preparatory—it is impossible to give clinical instruction in such cities: Each state should pass a law, or each state board enact a rule, prohibiting the existence of a medical college in any city of less than 75,000 population. As for "state institutions," they should exist only in states having cities of the required size. And last, but not least, classes should be more evenly distributed among the colleges.

But more, far more responsibility rests upon the physicians of this country than upon the colleges; for just so long as physicians will allow young men to "study medicine" who are grossly incompetent by want of education or otherwise, just so long will there be colleges which will allow such students to matriculate. If practitioners will be more careful in their selection of young men for whom they wish to appear as preceptors, the average ability and number of college graduates will become far more acceptable than at the present moment. Medical colleges as a rule do the best they can with the material furnished them; if physicians will persist in taking the bumpkin from the cornfield instead of the college graduate as their students, they must expect to see bumpkin doctors "turned out" by the colleges; it is quite as possible for the average professor to *create brains* as to "gather figs of thistles." Let some of the blame rest where it should, Bro. Runnels.

E. L.

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## EDITORIAL NOTES.

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A NEW MEDICAL COLLEGE IN KANSAS.—Not to be outdone by Wichita (the physicians there having organized a medical department of Garfield University) a number of prominent men in Topeka on July 3 applied for a charter for the Kansas Medical College. A letter says: "This institution is to be established in Topeka, and will be an important addition to the educational and professional institutions of this city and Kansas. It has been organized quietly, but is backed by the wealthiest men in the city. The capital stock is \$100,000. The trustees are twenty-one in number, among whom are Bishop Thomas H. Vail, Chief Justice A. H. Horton, Judge John Martin, Dr. J. E. Minney, ex-Governor Thomas A. Osborne, Col. George W. Veale, D. C. Nellis, Hon. P. H. Noel, Dr. J. C. McClintock, Dr. M. R. Mitchell and J. S. Collins." It will probably constitute the medical department of Washburn College—and prove the miserable failure that it ought. A medical college in a town of the size and prospects of Topeka! Shade of Æsculapius, defend us!

HOMŒOPATHY AND MIND-CURE.—Verily the difference between “high-potency” homœopaths and “faith-curers” is not great. A writer in the *Clinical Reporter* earnestly reports the case of a boy, age 17, who suffered intensely from earache and toothache every night. The doctor filled a vial with No. 30 pellets, and poured over them the twentieth decimal attenuation of pulsatilla (practically alcohol pure and unadulterated). The boy, mistaking the instructions, simply *smelled* of the contents now and then and the pain promptly vanished! The reporter gravely adds that the patient and his people know nothing of Homœopathy; but, he concludes, “the mother is confident and firm in the assertion that the smelling of that pulsatilla cured that boy. I believe so too. If they knew the least of the philosophy of Homœopathy, then I might doubt it; but knowing positively they do not, I believe it. I was hoping he would have another attack, so I could have a chance to let him smell pulsatilla, or some other remedy.” And, by way of a clincher, the author avers: “Hahnemann cured the same way!”—Fortunately for the future of Homœopathy, the “high dilutionist” cranks are becoming few and far between. The most enlightened members of the “school” are dropping the title “Homœopath” and calling themselves “Physicians.”

THE FEMALE DOCTOR.—The *New York Sun* publishes a poem that will be greatly appreciated by the male portion of the medical profession. It reads thus:

My love was a maiden once fair to see,  
But now she's a doctor of high degree;  
She was once as sweet as a maid could be,  
And this is the way that she talked to me:

“Yes, dearest Charley, I long to see  
The day when your proud little wife I'll be;  
Your love is the sunshine of life to me.”  
O, a dear little womanly maid was she.

Three years I waited at her decree,  
As happy as mortal on earth could be;  
Then I called at her “office” my love to see,  
And this is the way that she talked to me:

“Levator labii superioris,  
Iter a tertio, et anchylosis,  
Minimi digiti, splenic cirrhosis,  
Gluteus maximus, aortic thrombosis,  
Adinfundibulum, sphenoid et antrum,  
Hernia, calculus, hystero tantrum,  
Thoracic expansion and forced respiration,  
Extra-uterine or ectopic gestation.”

Ten minutes I sat, ere I rose to flee,  
As nearly insane as a man could be;  
I breathed one word—it began with d—  
And then, in plain English, “Good night,” said she.

My love was a maiden, once fair to see,  
But now she's a doctor of high degree;  
And an old maid doctor she'll always be  
If she talks to all as she talked to me.

**NORTHERN KANSAS MEDICAL SOCIETY.**—A very interesting meeting, of this body was held at Seneca, Kansas, May 9, 1889. The following officers were elected: President, Dr. Noah Hayes, of Seneca; Vice-President, Dr. Horace P. Porter, of Oneida; Secretary, Dr. Wm. Strayer, of Axtell; Treasurer, Dr. E. B. Slosson, of Sabetha. The list of members embraces the following physicians:

Clutter, W. H., Frankfort.	Irwin, Geo. C., Sabetha.
Cole, C. A., Axtell.	Kaysbier, S. S., Seneca.
Cullimore, Grant, Atchison.	Leigh, E. J., Hiawatha.
Corwin, L. A., Goffs.	Magill, J. H., Corning.
Best, A. J., Centralia.	Murdock, S., Oneida.
Blakeley, S. H., Severance.	Meyers, E. T., Baker.
Bliss, E. W., Hiawatha.	Nye, W. W., Hiawatha.
Brawley, M. A., Frankfort.	Porter, H. P., Oneida.
Bullard, E. W., Seneca.	Richmond, J. E., St. Joseph, Missouri.
Edwards, A. G., Marysville.	Redding, Harry, Centralia.
Fuller, Albert, Vermillion.	Richardson, W. F., Hiawatha.
Grenlich, A. B., Hanover.	Slosson, E. B., Sabetha.
Ham, W. E., Beattie.	Smith, C. S., Barneston, Nebraska.
Hayes, Noah, Seneca.	Snyder, Alvin, Seneca.
Humphreville, H., Waterville.	Strayer, William, Axtell.
Haynes, W. A., Sabetha.	Thompson, Preston, Corning.
Hover, C. C., Leona.	Thompson, T. N., Capioma.
Hawkins, R., Marysville.	Wachter, M. M., Baileyville.

**THE PRACTICAL PHYSICIAN.**—At the Congress of American Physicians and Surgeons, held in Washington last September, Dr. Wm. H. Draper, in his presidential address before the Association of American Physicians, presented in a very graphic and striking manner what should be regarded as the qualifications of the practical physician to-day. He must be a man of broad views, who has all kinds of knowledge; who controls the whole medical situation. He is not a bacteriologist; he is not a pathologist; he is not a chemist or a physicist; he is not merely a therapist; he is not a specialist of any kind, nor does he look at clinical medicine from any limited horizon; but he is a man who in some sense is master of all these several branches of medical education by reason of combining as much as is possible of the sciences which these different divisions represent, and thus perfects the most beneficent of all the arts. "It is he who, in his high position as the servant of humanity, must attain that wisdom which results from combining knowledge with the instinct and the skill for its useful application." Therefore get as much knowledge of specialties as you can, but always feel that the broad standpoint is the correct one. The family physician, be certain, will one day resume his former position in the household, using all the power that rightfully belongs to him, but it will be in a modified manner and more in accordance with the wide extension of knowledge. He will no longer be expected to know everything in such a way that he is able to pass expert judgment on all human ills, nor will he be expected to operate in all cases requiring surgical interference. He will,

however, be the person to whom each member will turn for advice in all bodily ailments, and by whom he will be guided entirely whenever it is a question of special interference with any particular organ. Nor will he ever lose, as he frequently does at present, any of his laboriously-earned prestige because he is not fully "up" with the very latest "wrinkle" in all departments, nor because he hesitates wisely in adopting every novel idea before it is proved to be *good* as well as new.

**PHYSICAL TRAINING AND MENTAL GROWTH.**—That the physical health has much to do with moral and mental strength is generally believed, but until now has never been demonstrated. In the *Popular Science Monthly* for July Frances White, M. D., in an article entitled "Muscle and Mind" gives the results of experiments carried on by Dr. Wey upon a number of convicts. The physical discipline to which they were subjected consisted in: (1) hot baths—three weekly, the Turkish and common bath alternating; (2) massage—kneading of the muscles, passive motions of the joints, and friction of the entire surface; (3) physical exercise—manual drill, free gymnastics, and exercise with dumbbells ranging progressively from three to eight pounds in weight; (4) the substitution of a special dietary for the regular prison fare. The experiment was continued during five months—long enough to demonstrate the value of the method, but not to determine the full measure of success probably attainable by these means. At the end of this period nine of the eleven men then living had risen from the third or refractory grade to the intermediate grade, the remaining two having merely retained their original standing in this grade. During the six months immediately preceding the experiment, the average marking for shop work, school-work and conduct had been forty-six per cent. During the experiment, the average for school-work, previously lowest of all, rose to seventy-four per cent., the conduct improving at about an equal rate. Shop-work was discontinued, as the special training was thought to secure enough muscular exercise. During the six months following the term of the experiment, the average marking of the men in the three departments of shop-work, school-work and conduct rose to seventy-one per cent. as compared with forty-six per cent. for the six months preceding the experiment. At the end of this period Dr. Wey reported that "although the men had been remanded to the former routine of prison life, mental development was still going on; six of the number had reached the first grade in school work, and two of the remaining five had every prospect of soon doing so."

**TREATMENT OF HYSTERIA.**—In a recent lecture at St. Bartholomew's Hospital, Dr. J. Duncan Matthews remarked that the process of cure is to a great extent one of education. He thinks that while a patient with an endless string of complaints may be quickly cured by a pessary which is not needed, by electricity, or the latest "fad," or be shamed into good habits, yet such methods are unworthy the true physician. Why? Is not the object to cure? And, if such measures relieve promptly, why are they "unworthy"? It seems to me that *any* measures that will speedily cure are suitable for adoption; but cases must be selected with great judgment. Many other things in his address (*London Lancet*) are well put. Thus: The most important element in the success

ful management of a case of hysteria is undoubtedly the attaining of an ascendancy over the mind of the patient. When she has learned to lean with perfect confidence upon her doctor, when she obeys his directions implicitly, and unquestioningly conforms her life to his precepts, the cure is well under way. But let the physician beware! It is so exactly consonant with the relations of the sexes that the patient will love the man who has assumed such a relation to her, that this complication is to be expected. And experience has proved, over and over again, that the proudest masculine intellects are most apt to succumb to the arts of just such weak, ailing, unintellectual women. To successfully cope with the difficulties of such a situation demands a strength of moral principle not always found in combination with the sympathetic disposition which wins the confidence of such patients. It is with such cases especially that we have reason to deplore the extinction of that ancient species, the family physician. That the present is an age of progress we cannot doubt, when we see miladi go to the oculist, the aurist, the laryngologist, etc., etc., her fair body requiring the services of a dozen specialists to keep in order the various parts of its complicated mechanism. But we sadly miss the old doctor who brought her into the world; who knew her grandparents, and whose wise advice is constantly needed in the training of the young brood. Even if his therapeutics were confined to "quinine, hydrarg. mit. and potass. nit.," the young miss who needed a spanking instead of a pessary, a merry romp in the open air instead of syr. hypophos. comp., less study instead of potass. brom., was better off under his care than she is to day.

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## LITTLE ITEMS.

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Prof. J. D. Griffith, of this city, is Surgeon-General of the State Militia of Missouri.

Disease is whatever causes a person to lose the ability to do work—laziness excepted.

Dr. J. K. Mayo has removed from Sedgwick, Kansas, to 27 San Felipe street, Houston, Texas.

Dr. Isaac W. Martin died June 20, at his residence at Des Moines, after an illness of three weeks.

The Colorado State Medical Society met at Denver June 18 and 19; it was a very satisfactory meeting.

Dr. Walter Coles has resigned the professorship of Obstetrics in Beaumont Medical College, St. Louis.

Dr. E. E. Furney has been elected Professor of Materia Medica in the Beaumont Medical College of St. Louis.

Woodbury (*Times and Register*) says tincture of nux vomica is almost a specific for the nervousness of drunkards.

Dr. L. B. Baker, a prominent physician of Beebe, Ark., was recently married to Miss Mollie Hines, of Newport, Ark.

There were only about seven hundred members present at the Newport meeting of the American Medical Association.

The legislatures of Texas and Colorado have recently passed laws to regulate the practice of dentistry in their respective states.

Dr. W. J. Rockwell has been elected Professor of Electro-therapeutics and Clinical Medicine in Gross Medical College, Denver.

Gross Medical College, of Denver, has declared in favor of a three years graded course, to take effect September, 1890. Good.

J. B. Manley returned to Burlington, Kansas, last month, from Cincinnati, where he graduated from the Eclectic Medical College.

A hospital has been opened in Paris for the cure of the thirst and desire for intoxicants by hypnotism—a power which is said to be very effective.

Dr. Daniel W. Hand, one of the ablest physicians of the North-west, died at St. Paul, Minn., recently. He was Surgeon-General of the State Militia of Minnesota.

Förster, Head Physician of the Royal Eye Hospital at Breslau, maintains that short-sightedness in children is not infrequently due to wearing too tight-fitting collars.

Crystallized carbolic acid is liquefied when mixed with an equal weight of camphor, and this property has been utilized in forming a liquid to be used as a painless cautery.

Prof. Gustavus Hinrichs, M. D., LL. D., late Professor of Chemistry in the University of Iowa, has been elected to the same chair in the St. Louis College of Pharmacy.

At a late examination at West Point ten out of twenty candidates were rejected on account of physical disability produced by smoking cigarettes. Cardiac disease existed in many.

Excellent toothache drops have this composition: Morphine acetate  $\frac{1}{2}$  to 1 grain; oil of peppermint 5 drops; phenol 20 drops; collodion 1 drachm. Apply with cotton.—*Journal de Méd.*

Mr. C. E. Corcoran, who has a pharmacy at the corner of Ninth and Troost, this city, was elected president of the State Pharmaceutical Association at its recent meeting at Pertle Springs.

Dr. H. A. Cooper, of Rockville, Mo., reported (*Medical Record*) the delivery of a child which weighed sixteen and a half pounds undressed. The doctor thinks this is the heaviest child on record.

It is a sign of good common sense to say "I don't know" when it is not easy to know, but it is far from creditable to say "I don't know" when the means of knowing cannot be far away.—*Thomas Meahan*.

Dr. C. Klippel, of Hutchinson, called recently while upon his wedding tour. The INDEX extends congratulations and best wishes, as will also the hundreds of friends of the doctor in the medical profession of Kansas.

The St. Louis *Chronicle* says: In proportion to its population, Leavenworth, Kansas, is the unhealthiest city on the face of the globe. Over 22,000 persons registered as sick at the drug-stores there last week, and were supplied with whisky.

All cardiac diseases are parasitic, says Professor Germain Sée, except the chronic affections of the aortic orifice of old people, which coincide and result from the fatty, atheromatous and sclerous changes of the arteries.—*Denver Medical Times*.

Dr. C. B. Hardin, of this city, reports excellent results from the local use of a mixture of iodoform in vaseline in the treatment of acute rheumatism, the ointment being applied over that particular part of the body which may be the site of the inflammation.

Garretson says (*Med. Times and Register*) that as a stimulating mouth-wash, either for spongy gums or in the after-treatment of operations in the oral cavity, he prefers the tinctures of myrrh and capsicum, aa, adding just sufficient of the mixture to water to render the latter milky.

Charcot claims that the suspension treatment (stretching the spinal cord by being hung up by the neck) will restore their virility to elderly men whether diseased or not. If this becomes generally known among physicians, the profession is liable to be decimated by "accidental deaths by hanging."

For acne rosacea in the first stage, Shoemaker prescribes oleate of bismuth; for the second stage, oleate of lead; and, for the third, electrolysis; the positive pole being applied to the back of neck, a needle attached to the negative being inserted into the enlarged capillary and a current from ten cells applied.

The next meeting of the American Medical Association will be held in Nashville, Tenn., May 20, 1890. E. J. Moore, of New York, President; W. B. Atkinson, of Philadelphia, Secretary; G. C. Savage, of Nashville, Assistant Secretary; W. T. Briggs, of Nashville, Chairman of Committee of Arrangements.

Painless lancing of alveolar abscesses may be accomplished by the application of full strength carbolic acid and iodine, applied on a pledget of cotton. The crystallized acid as it comes to us, should be liquefied by the addition of a few drops of glycerine—say ten to fifteen drops to the ounce.—*Brit. Journal of Dental Science*.

In Berlin, a workman employed in a chemical factory having been told that sulfonal is a soporific, and wanting something of the kind for his wife, determined to try it on himself first. He took 30 grammes and slept 90 hours, and after a short interval of wakefulness slept again for 24 hours, without experiencing any ill effects.

A pleasant call is acknowledged from Dr. M. Coryell, of Cato, Kansas. The doctor reports that he is very successful in the treatment of cervical inflammations and of leucorrhœa, by means of very hot water vaginal injections, using at least a half-gallon, temperature 100° to 105° F., twice daily, with or without borax or other medicament as indicated.

In a recent number of the *Therapeutische Monatshefte*, Dr. A. Gottstein, of Berlin, writing of sublimated lanolin as an antiseptic, maintains that lanolin is proof against destruction by microorganisms, and that a layer of it, even without the addition of any antiseptic, resists the passage of germs. As a vehicle for antiseptics, it is therefore far superior to glycerine and to other fats.

For the treatment of hæmatemesis, Dr. Flasher (*Algern. med. centr. Zeitung*, No. 55, 1888) considers hot water as the safest and most pleasant remedy. He gives it in successive quantities of one-half to three-fourths of a tumblerful of water as hot as it can be borne. Coagulation of the blood occurs quickly, as shown by the subsequent vomiting of pieces of clot which are discharged without further hæmorrhage.—*Medical Chronicle*.

Among the curious facts brought out by the late Congress on Tuberculosis was that persons who have had small-pox are peculiarly liable to tuberculosis. M. Landouzy, in calling attention to the fact, which from statistics and observation seems indisputable, stated that for this reason persons pitted with small-pox



should never be employed around the tuberculous wards of infirmaries and hospitals.—*Pacific Rec. of Med. and Surgery.*

Active measures were inaugurated a few days since, in which the King and Queen of Italy assisted, for improving the sanitary condition of Naples. The poorest districts of the city, where the cholera epidemic of 1888 made such ravages, will be thoroughly renovated. Seventeen thousand houses will be demolished, new streets erected, and the main street will intersect the district which now contains the most pestilential dwellings.

Dr. I. Mervin Mans, U. S. A., relates a case of prolonged gestation (*N. Y. Med. Journal*) in which he is certain the conception occurred three hundred and thirty-four days before delivery. This almost breaks the record, Simpson mentioning a case in which the child was not born until three hundred and thirty-six days after the cessation of menstruation. Playfair places the extreme limit at two hundred and ninety-five days.

Dr. Thomas H. Hawkins, editor of the *Denver Medical Times*, recently performed abdominal section three times on one patient inside of two months. The operations were: Laparotomy for puerperal septicaemia with pelvic peritonitis, etc., April 1, 1889; two weeks later, laparotomy and evacuation of an abscess of the left broad ligament; eighteen days later, a third laparotomy opening a small abscess pocket in cul-de-sac. June 8 the patient was well.

The coronor's jury of Clay county, Kansas, brought in the verdict that the killing of J. P. Wellington, of Wichita, a St. Louis drummer, by Dr. J. P. Stewart, was justifiable homicide. Wellington was attempting to break up the family of Frank Head, whose wife was Dr. Stewart's daughter. Upon being encountered in the street he was first caned by the irate physician, and then shot through the brain. The doctor gave himself up, but has since been entirely exonerated.

The assistant examiner of Chinese customs service has sent to the Treasury Department, here, a printed list of Chinese medicines exported from Yangtse ports. Among the remedies are tiger's bones, ground blood, bear's gall, fossil teeth, fowls' gizzards, "insects of nine smells," Job's tears, cow-hair, glass, rhinoceros' horns, cow's knee, puff-balls, dragon's teeth, straw, hedgehog skins, dried silk-worms, snake-skins, crab's eyes, horse-tails and centipedes.—*New York Sun.*

In the treatment of locomotor ataxia and of sclerosis of the lateral column of the cord, Charcot has obtained the most encouraging ameliorations by the adoption of the suspension treatment proposed by Dr. Motchoukowsky of Odessa. An apparatus similar to that used in putting in a Sayre jacket of plaster of Paris is employed, and the suspension is continued for a gradually lengthening period varying from one-half to six minutes, three minutes being regarded as the proper average time.

For in-growing toe-nail various remedies have been proposed, but probably nothing equals the application of carbolic acid. Brush the acid lightly over the inflamed surface, and allow it to penetrate under the skin. In twenty-four hours it will be found that the nail is partly softened, and can be removed without pain, while the acid has acted as a complete anæsthetic to the tender, inflamed tissue. Applied in the same way to a sprain or bruise, in which the skin is unbroken, it affords instant relief.—*Daniel's Med. Journal.*

Dr. D. P. Bigger, late of Brainard, Minn., died in this city (whither he had come for treatment) Sunday, June 23, of phthisis. He leaves a wife and two sons. The deceased was an old resident of this city—a graduate of the University Medical College. For a number of years he was surgeon of the Union Pacific railroad, and in 1883 resigned the position to accept that of sur-

geon-in-chief of the Northern Pacific road, where he remained until in December, when he was taken down with consumption. Dr. Bigger was held in high esteem by a wide circle of acquaintances.

In the treatment of blenorrhagic epididymitis, Spillman and Schmidt prefer ice to all other means. It is, say they, easy of application, practical, and certain. It is applicable to all forms of acute orchiepididymitis, and does not compromise the general condition of the patient. It rapidly controls the element of pain, and produces resolution in a shorter time than any other treatment. All of which may be true in a large proportion of cases, but the writer and every other practitioner has seen cases of this sort wherein the application of ice produced such agony that it had to be discontinued.—*Pacific Record of Medicine.*

In an experimental observation of thirty-eight boys of all classes of society and of average health, who had been using tobacco for periods ranging from two months to two years, twenty-seven showed severe injury to the constitution and insufficient growth; thirty-two showed the existence of irregularities of the heart's action, disordered stomach, cough and a craving for alcohol; thirteen had intermittency of the pulse, and one had consumption. After they had abandoned the use of tobacco, within six months' time one-half were free from all their former symptoms, and the remainder had recovered by the end of the year.—*Science.*

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## THINGS.

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ABSENT-MINDED.—Doctor—"Two fine boys, madam. Twins, I suppose?"—"Yes." "Are they both yours?"

LACTOPEPTINE.—You can procure a sample of this well-known and reliable agent by writing to N. Y. Pharmacal Association, Box 1574, N. Y. City. See ad., page 3, this number of INDEX.

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HOMŒOPATHIC FUN.—The *Clinical Reporter* contains the following tid-bits:—"The midnight hush—soothing syrup.—The disease of the meter—gas-trick fever.—Is the swell on a ship's side caused by dropsy?—Song of the medical student—"Some bodies coming."

FOR OF SUCH IS THE KINGDOM.—Parson—"Now, my little girl, can you tell me what beautiful verse you have learned to speak at the Sunday school concert?" Little Elsie (who is undergoing a course of spring medicine, reciting)—"And Jesus said, 'Sulphur is good for little children.'"

**IN BAD SHAPE.**—Visitor (to sick woman): "How are you feeling this morning, Mrs. O'Toolihan?" "Och, leddy, it is that bad Oi am wid a complication av troubles—rheumatez, lumbago an' all; an' it was only this mornin' the docther—Hiv'n rist 'iz sowl—said I was havin' decided symtims of convalescence!"—*Bazar*.

**A GOOD REASON.**—The *Boston Transcript* tells of a little Boston girl who was being rebuked by her mother for certain irregularities of behavior. "Look here, my dear Emily, if you do like that you won't go to heaven." "Don't want to go to heaven!" said Emily. "What! You do not want to go to heaven?" "No!" "Why not?" "Got to die first!"

**INSOMNIA.**—My attention was called to the valuable preparation called Bromidia, by Prof. J. K. Bauduy, some time ago, and since then I have used it largely. I believe that in insomnia of old people it surpasses any other combination I know of, as it is followed by a quiet, refreshing sleep.

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**PUERPERAL ECLAMPSIA.**—Dr. William Thompson Lusk, of New York, Professor of Obstetrics and Diseases of Women and Children in the Bellevue Hospital Medical College, Fellow of the American Gynecological Society, Author of "The Science and Art of Midwifery," etc., in "The Science and Art of Midwifery," after speaking of the value of the "milk diet" in puerperal eclampsia, advises that, where the diet is badly supported by the patient, she should be advised to drink freely of the natural *Alkaline Waters*, possessing mildly diuretic properties, and suggests the "*Buffalo Lithia Water*."

**CARNRICK'S SOLUBLE FOOD.**—*Messrs. Reed & Carnrick, Gentlemen:* I have been much interested in the study of the milk question as it affects infants who are deprived of their mother's breast, and have discussed it editorially and otherwise. This summer I have had the question forced upon me practically, as the result of the illness of my wife, necessitating the weaning of our baby and supplying her with some artificial substitute. I have thus given a practical test of Carnrick's Soluble Food, and have been perfectly satisfied with the result, as our little one has thriven on that food, I think, as perfectly as if the mother had been able to nurse her. Though this has been her "second summer," she has not had any disturbance of digestion or tendency to diarrhoea at all.—DR. E. M. NELSON, St. Louis.

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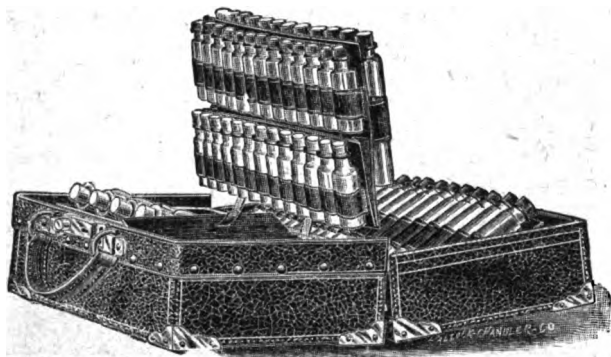
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# CONTENTS.

---

## ORIGINAL ARTICLES:—

- The Radical cure of Hernia—Prof. Emory Lanphear, M. D. . . . . 233  
 The Sanitary Conditon of India and its Teaching—J. A. S. Grant-Bey, M. D. 238

## ABSTRACTS:—

- Antiseptic Menicline—Prof. E. W. Schaffner, M. D. . . . . 242  
 Syphilitic Epididymitis—Prof. Geo. W. Davis, M. D. . . . . 247  
 The Hot Springs of Arkansas—Prof. E. R. Lewis, A. M., M. D. . . . . 248  
 Nasal Catarrh and its Treatment—Beverly Robinson, M. D. . . . . 251

## CORRESPONDENCE:—

- Treatment of Jaundice—L. E. Samuel, M. D. . . . . 258  
 St. Joseph Medical Societies—Prof. W. I. Heddens, M. D. . . . . 258  
 An Excellent Nerve Tonic—Wm. Allen, B. S., M. D. . . . . 258  
 Causes of Professional Disintegration—J. W. McBeth, M. D. . . . . 259  
 Typhoid Fever—John H. Faris, M. D. . . . . 260

## SOCIETY PROCEEDINGS:—

- Golden Belt District Medical Association of Kansas . . . . . 261  
 Pottowattomie County Medical Society . . . . . 262

## EDITORIAL:—

- Medical Education in the United States . . . . . 263

## EDITORIAL NOTES:—

- A New Medical College in Kansas . . . . . 267  
 Homœopathy and Mind Cure. . . . . 268  
 The Female Doctor. . . . . 268  
 Northern Kansas Medical Society . . . . . 269  
 The Practical Physician. . . . . 269  
 Physical Training and Mental Growth . . . . . 270  
 Treatment of Hysteria. . . . . 270

## LITTLE ITEMS. . . . . 271-275

## THINGS. . . . . 275

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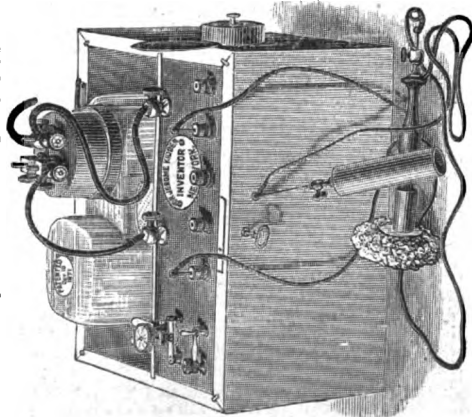
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## INDEX TO ADVERTISEMENTS.

Chas. H. Phillips Chemical Co.—	Reed & Casnrick, Preparations,	16.
1st page of cover.	Contents	17
Restorative Wine of Coca . . . 1st page cover	Polk, R. L. & Co., Medical and	
Rumford Chemical Works—Hors-	Surgical Register . . . . .	18
ford's Acid Phosphate. Second page cover	Academic Pharmaceutical Co., Quin-	
C. N. Crittenton, Preparations.	ceptus, . . . . .	19.
Second page cover	Scott & Bowne, . . . . .	19.
Lactopeptine—New York Pharmacal	Electro-Medical Apparatus—Kidder	20.
Association. . . . .	Northwestern Medical College,	
University Medical College, . . .	St. Joseph, Mo., . . . . .	21
Kansas City Medical College, . . .	College of Physicians and Sur-	
Eli Lilly & Co., Preparations, . . .	geons, Chicago, Ill., . . . . .	21
Buffalo Lithia Water—T. F. Goode	Medico-Chirurgical College, Phila-	
Dr. Emory Lanphear. Private Sani-	delphia, . . . . .	21
tarium, . . . . .	Kansas City College of Pharmacy,	21
William S. Merrell Chemical Co.,	K. C. Med. & Surg. Nursing Home,	22
Cincinnati, . . . . .	Pepsin—E. Scheffer, . . . . .	22
Roseberry Nutrolactos Co., Nutro-	Lovell Washer Co., . . . . .	23
lactis, . . . . .	To Advertisers—G. P. Rowell & Co.	23
Love's Drug Store—Surgical Instru-	Spencer & Co., Prospectus . . . .	23.
ments, . . . . .	Robinson, R. A. & Co., Preparations,	24
Professional Announcement—Hal	Jefferson Medical College, Phila-	
Foster, M. D., . . . . .	delphia, . . . . .	25
Instruments at a Discount—The Il-	Ensworth Medical College and Hos-	
lustrated Medical Journal Co. . . .	pital, St. Joseph, Mo. . . . .	26.
Bromidia—Battle & Co. . . . .	Fellow's Syrup of Hypophosphites,	
Baker, W. & Co., Cocoa, . . . . .	James I. Fellows, . . . Third page cover	
Compressed Tablet Triturates—John	Parke, Davis & Co Preparations,	
Wyeth & Bro. . . . .	Fourth page cover	

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Unhygienic conditions and improper nourishment, aggravated by high temperature, are the chief causes assigned for the prevalence of this disorder. How to effectually remove or overcome these causes is a question of the gravest importance to sanitarians and physicians. It must be admitted, however, that these conditions, for a large portion of infantile humanity, must continue to exist, and consequently the problem presented to physicians is how to cure the disease, in spite of unfavorable conditions, when it has firmly established itself. The solution of this question often taxes the ingenuity and medical skill of the attendant in vain.

How shall the conditions present best be met? To answer this query has inspired exhaustive contributions from the pens of our most learned medical writers. It is admitted by all that one of the causes which incites and perpetuates the gastric and intestinal inflammation is undigested, or partly digested, fermenting milk or other food, the decomposition of which is accompanied by the development of ptomaines and other toxic principles. It is as an aid to the removal of this cause, both in predigesting milk or other food before it is given, and in digesting fermented undigested food in the stomach, that pepsin is indicated in infantile diarrhœa, and its efficacy has been attested by many well known medical writers. (See *J. Lewis Smith, M. D., Archives of Pediatrics, Sept., '86, p. 518; Nov., '86, p. 639; Nov., 1864, p. 424. Prof. Vocher, of Berlin Archiv. f. Kinderh., vol. 9, p. 3. Dr. I. N. Love, St. Louis Weekly Medical Review, Aug., '88. T. Lauder Brunton, Diseases of Digestion, p. 291. A. Holt, N. Y. Archiv. Pediatrics, 1886, p. 732. A. G. Bigelow Archiv. Pediatrics, 1884, p. 430. Discussion at German Medical Congress, at Salzburg, 1881, by Demme, Biedert, Gerhardt, Henoch, Steffen, Thomas, Soltman, Pfeiffer. Prof. Leeds, Archiv. Ped., 1864, p. 421, etc.*

With the improvements that have of late been made in the purity, quality and digestive efficacy of Pepsin, this agent is likely to play a more important and definite part in the treatment of intestinal inflammations than ever before. Its ease of administration, its certainty of action when a proper product is administered, will, we believe, lead to its extensive use.

We say *proper product*, advisedly, for it is well known that many pepsin products are absolutely inert or of very low digestive power, or infested with chemical poisons (leucomaines and ptomaines—see Vaughan and Novy's Ptomaines and Leucomaines), the disagreeable odor they possess being significant of putrefaction.

It goes without saying that a product of the latter type would only augment the inflammation, and physicians should look well to the character of the pepsin used. It should, in the first place, be absolutely devoid of the odor characteristic of putrefying mucus, and in the second place, it should freely dissolve in water at all temperatures, for, as solubility is one of the distinguishing peculiarities of the unorganized ferments, it is the best evidence of purity in a pepsin.

We guarantee the purity, activity and solubility of our pepsin products. Our pepsin is absolutely free from odor, and has been shown by expert examination to be free from ptomaines and leucomaines, and demonstrated by an exhaustive comparative test to possess twice the digestive power of the most active hitherto introduced. (See Observations on Digestive Ferments, by R. H. Chittenden, Ph. D., *Philo. Medical News*, February 16, 1889.

In raising the standard of digestive strength by our investigations, we have adopted 1 to 2,000, forty times that required by the last pharmacopœia, believing this strength would best meet practical requirements. We are, however, prepared to supply pepsins of almost any strength up to a product capable of dissolving 6,000 times its weight of albumin.

Since a 1 to 2,000 pepsin has been proven to be amply efficient and most convenient for making the official preparations, it is a question if a higher power pepsin, of which an inconveniently small dose would be required, would not unnecessarily embarrass dispensers without accomplishing practically any better results.

It is not probable that the pharmacopœia will ever adopt a standard for pepsin higher than that which we now observe, and it will only be by recognizing this authority that the term "pepsin" can ever come to mean a preparation of definite digestive strength. As it now is, unless some particular brand is specified, a pharmacist is justified in putting up the most worthless products on his prescriptions.

Sample of Pepsinum Purum in scales or in powder, and reprints of articles by eminent authorities on pepsin and pancreatin, list of preparations, and information of methods of peptonizing food, mailed free on request.

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